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COVER LETTER

TO: Amendment Section Division of Corporations					
Conch Auxiliary Radio Emergency Services Inc					
Name of Corporation					
DOCUMENT NUMBER: N18000001339					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
William E Kinne					
Name of Contact Person					
Firm Company					
22877 Privateer Dr					
Address					
Cudjoe Key FL 33042					
City/State and Zip Code					
admin@keyscares.net					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
William E Kinne at (305 745-2219 Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 cheek made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617,0 mge is submitted for a corporation org r to change its registered office or reg	ganized under the laws of the State of	r_Florida	
1. The name of (the corporation: Conch Auxiliary	Radio Emergency Service	es Inc	
	office address: 22877 Privateer (ey FL 33042	Dr		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/18/18	Document number: N180	00001339	
	I street address of the current registered timent of State: (If resigned, enter resigned)		vith the	
	Virgil Q Allmond		_	
	3713 Gumbo Limbo St		16	
	Big Pine Key FL 33043		SEP SEP	
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered o	FILED SEP 12 PH 4: 17	
	Denise M Bays			
	30410 Seagrape Terrace, Ste 1			
	Big Pine Key FL 33043	OT acceptable	_	
The street addreas changed will	ess of its registered office and the stre be identical.	et address of the business office of i	its registered agent.	
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	i officer so	
Williams	Kinnt	William E Kinne, Presi		
I further agree t performance of agent. Or, if the	the appointment as registered agent to comply with the provisions of all st my duties, and I am familiar with and is document is being filed merely to rethat the corporation has been notified	atutes relative to the proper and con Laccept the obligation of my position Alect a change in the registered offi		
Seuse	M. Baess	09/01/2018		
Sig	nature of Registered Agent	Date		
	half of an entity:			
Denise M E	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *