	JMENT # P0000001442	20			FIĽED		
1. Entity Nan	me IOTE OF LONGBOAT KEY	, INC.					
* . k					DI MAY 23 PI	1 3: 36	
-	ice of Business	Mailing Address			SECRETARY C TALLAHASSEE.	F STATE	
2425 Gu Apt. #1	lf of Mexico Drive	2425 Gulf of Apt. #10D	Mexico Dri	ivé	TALLAHASSEE.	FLORIDA	
	at Key, FL 34228	Longboat Key,	FL 34228		to		
2. Principal F	Place of Business	3. Mailing Address			×		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	N THIS SPACE	
City & State		City & State		4.	4. FEI Number 65-0980019 Applied For Not Applicable		
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require	ditional
	6. Name and Address of Curren	nt Registered Agent	Name	7.	Name and Address of New Reg		
	Gulf of Mexico Drive wat Key, Florida 342					1010920	004
			City		****550	FL ****	20.00
SIGNATURE	e named entity submits this statement Signature, typed or printed name of registered age	for the purpose of changing its	registered office o	iture required when	igent, or both, in the State of Florid	FL	
SIGNATURE 9. This corpo Tax filing i (See crite	e named entity submits this statement Signature, typed or printed name of registered age poration is eligible to satisfy its Intangit requirement and elects to do so. aria on back)	for the purpose of changing its int and life if applicable. (NOTE ble FILE NOW! After MAY 1, 20 Make Check Payab	E Registered Agent signat E: Registered Agent signat III FEE IS \$150. 01 Fee will be \$ ole to Department	uure required when .00 550.00 nt of State	reinstating) 10. Election Campaign Finand Trust Fund Contribution.	A. DATE DATE Sing \$5.0 Addec	0 May Be d to Fees
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9. This corp Tax filing I (See crite 11. ITLE VAME STREET ADDRESS	e named entity submits this statement Signature, typed or printed name of registered age poration is eligible to satisfy its Intangiti requirement and elects to do so. aria on back) D; Cory, Michael 2425 Gulf of Mexico	for the purpose of changing its int and life if applicable (NOTE Die FillE NOWI After MAY 1, 20 Make Check Payab D DIRECTORS Delete D Dr., Apt. #10D	E: Registered Agent signal E: Registered Agent signal II: FEE IS \$150. 01 Fee will be \$ ble to Department 12. TITLE NAME STREET ADDRESS	Iture required when .00 550.00 nt of State AI PSTD Cory, 2425 G	Igent, or both, in the State of Florid Interinstating)	ATE	0 May Be to Fees S IN 11
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