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(C	ity/State/Zip/Phone #	<u>)</u>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
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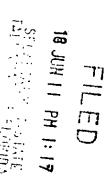


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R. WHITE JUN 13 2018



## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: Key West Promotions, Inc. Name of Corporation
DOCU	MENT NUMBER: P0300061092
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Erik Adams Name of Contact Person  Key West Promotions, Inc.  Firm/Company  424 Greene St.  Address  Key West, FL 33040  City/State and Zip Code  Sales@Key West Walkingtows.com  E-mail address: (to be used for Nature annual report notification)
For fu	ther information concerning this matter, please call:
	Erik Adams at (305) 849-2706  Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Key West Promotions, Inc.
2. The principal office address: 424 Greene St., Key West, FL 33040
3. The mailing address (if different): P.O. Box 305
Key West, FL 33041
4. Date of incorporation/qualification: 05 29 03 Document number: P0300006/092
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ErikAdams
218 Whitehead St, Suik 2
hey West, FL 33040
6. The name and street address of the new registered agent (if changed) and /or registered office:
Erik Adams ?
424 Greene St.
Erik Adams 424 Greene St.  P.O. Box NOT acceptable  Hey West, FL 33040
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Erik Adams President Signature of an officer or director  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent 06   05   18 Date
If signing on behalf of an entity:
Ternad or Driestad Norma

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