

PO300052207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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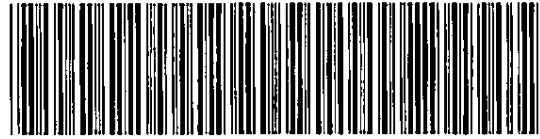
(Business Entity Name)

(Document Number)

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TALLAHASSEE

R. White

R. WHITE

JUN 06 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Key West healthy home, inc.
Name of Corporation

DOCUMENT NUMBER: PO300082207

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:

Sybilla Solecka
Name of Contact Person

Key West healthy home
Firm/Company

3728 Paula Ave
Address

key west, FL 33040
City/State and Zip Code

kwhealthyhome@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sybilla Solecka at (305) 923 6066
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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 _____ 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 HEALTHY HOME, INC
2. The principal office address: 3710 PEARLMAN TER
KEY WEST, FL 33040
3. The mailing address (if different): PO BOX 4494, KEY WEST, 33041
4. Date of incorporation/qualification: 07/28/2003 Document number: PO3000082207
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)

RUDMAN MARGARET
3710 PEARLMAN TER
KEY WEST, FL 33040

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SYBILLA SOLECKA
3128 PAULA AVE
P.O. Box NOT acceptable
KEY WEST, FL 33040

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DEPARTMENT OF STATE

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.

[Signature]
Signature of an officer or director

Margaret Rudman
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]
Signature of Registered Agent

05.30.2018
Date

If signing on behalf of an entity:

SYBILLA SOLECKA
Typed or Printed Name

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