P03000103418

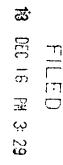
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Key West Parasail, Inc.

Name of Corporation

DOCUMENT NUMBER: P03000103418

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:

Scott Saunders

Name of Contact Person

Saunders and Kolpin, P.L.

Firm/Company

412 White St.

Address

Key West, FL 33040

City/State and Zip Code

scottsaunderskw@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Saunders

,,305 \,360-2375

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

	provisions of sections 607.0302, 617.030 inge is submitted for a corporation organ		
_	r to change its registered office or regist		
1. The name of t	the corporation: Key West Paras	ail, Inc.	
	office address: 313 Margaret St.		
	st, FL 33040		
3. The mailing a	ddress (if different): P.O. Box 123 est, FL 33041	8	
4. Date of incoη	poration/qualification: 09/19/2003	Document number: P030	00103418
5. The name and	i street address of the current registered a tment of State: (If resigned, enter resigned		vith the
	Edwin Scales, Esq.		_
	201 Front St., Suite 333		B
	Key West, FL 33040		号 四
6. The name and (if changed):	d street address of the new registered age	nt (if changed) and /or registered o	ffice 5 M
	Scott Saunders		
	412 White St.		ω
	P.O. Box NOT	acceptable	-
	Key West, FL 33040		-
The street address changed will	ess of its registered office and the street be identical.	address of the business office of i	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an tified in writing of the change.	officer so
/ Cust	e of an afficer of director	Scott Saunders Printed or typed name and ti	tle
I further agree to performance of agent. Or, if the	the appointment as registered agent and to comply with the provisions of all stations and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in	d agree to act in this capacity. utes relative to the proper and cor ccept the obligation of my positio ect a change in the registered offi	nplete n as revistered
CHIA	TOWNER	12/09/2013	
	Registered Agent	Date	
If signing on be	half of an entity:		
T	yped 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 * * *