P04000154285

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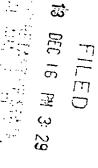
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Key West Fury, Inc.

Name of Corporation

DOCUMENT NUMBER: P04000154285

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	this ———
1. The name of	he corporation: Key West Fu	ury, Inc.	
2. The principal	office address: 313 Margare	et St.	
Key Wes	st, FL 33040		
	ddress (if different): P.O. Box	1238	
	poration/qualification: 11/12/2	Document number: P04000154	1285 ³
5. The name and		tered agent and registered office on file with the	BO I
	Edwin Scales, Esq.		o r
	201 Front St., Suite 33	33	ii
	Key West, FL 33040		29
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office	
	Scott Saunders		
	412 White St.		
	Key West, FL 33040	Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registe	ered agent,
Such change wa authorized by th	is authorized by resolution duly a be board, or the corporation has be	dopted by its board of directors or by an officer seen notified in writing of the change.	60
(But)	coop of the cordinate o	Scott Saunders Printed or typed name and title	
nerformance of	my duties, and I am familiar with	ent and agree to act in this capacity. Ill statutes relative to the proper and complete I and accept the obligation of my position as regi to reflect a change in the registered office addre. tifted in writing of this change.	stered ss, I
PUST	MUM	12/09/2013	
If signing on be	altre Registered Agent half of an entity:	Date	
T	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 * * *