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2008 JUN 24 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000022636</b>				<b>FILED</b>	
1. Entity Name <b>ALL KEYS TOWING INC.</b>				2008 JUN 24 AM 8:22	
Principal Place of Business <b>711 LARGO RD KEY LARGO, FL 33037</b>		Mailing Address <b>PO BOX 373208 KEY LARGO, FL 33037</b>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06132008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number <b>20-2037802</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PRUITT, WILLIAM S III 379 68TH ST OCEAN MARATHON, FL 33050</b>				7. Name and Address of New Registered Agent Name <b>Melissa A. Norman</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 Largo Road</b> City <b>Key Largo, FL 33037</b> FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <i>See Attached</i> SIGNATURE <u>Melissa A. Norman</u> June , 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMAN, MELISSA A 711 LARGO RD KEY LARGO, FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P and D Melissa A. Norman 711 Largo Road Key Largo, FL 33050	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRUITT, WILLIAM S III 379 68TH ST OCEAN MARATHON, FL 33050	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Melissa A. Norman</u>		Melissa A. Norman		June 18, 2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>President</small>		<small>Date Daytime Phone #</small>	

**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: ALL KEYS TOWING
2. The principal office address: 711 Largo Road, Key Largo, FL 33037
3. The mailing address (if different): P. O. Box 373208, Key Largo, FL 33037
4. Date of incorporation/qualification: February 11, 2005 Document number: P05000022636
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William S. Pruitt, III  
379 68th Street Ocean  
Marathon, FL 33050

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

Melissa A. Norman

711 Largo Road

(P.O. Box NOT acceptable)

Key Largo, FL 33037

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.

x Melissa A. Norman  
(Signature of an officer or director)

Melissa A. Norman, President

(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.*

x Melissa A. Norman  
(Signature of Registered Agent)

May 15, 2008

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)