

PI1000054296

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(Business Entity Name)

(Document Number)

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change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
4/23/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KEI-MRYI ENTERPRISES, INC  
Name of Corporation

**DOCUMENT NUMBER:** P11000054296

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:

CAMACHEE SEENAUGHT  
Name of Contact Person

MANNY'S SEAFOOD & GRILL INC  
Firm/Company

6201 HILLSIDE AVE  
Address

SEMINOLE, FL 33772  
City/State and Zip Code

CNAUGHT10@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAMACHEE SEENAUGHT at ( 727 ) 332-5365  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KEI-MYRI ENTERPRISE INC
2. The principal office address: 1500 16TH ST SO  
ST PETERSBURG, FL 33705
3. The mailing address (if different): 6201 HILLSIDE AVE  
SEMINOLE, FL 33772
4. Date of incorporation/qualification: 060911 Document number: P11000054296
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)  
MYRICK JOHNSON  
915 JAMES AVE SO  
ST PETERSBURG, FL 33705

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

CAMACHE SEENAUGHT

6201 HILLSIDE AVE

P.O. Box NOT acceptable

SEMINOLE, FL 33772

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.

*Camache Seenaught*  
Signature of an officer or director

CAMACHE SEENAUGHT, 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.*

*Camache Seenaught*  
Signature of Registered Agent

04/17/12  
Date

If signing on behalf of an entity:

CAMACHEE SEENAUGHT

Typed or Printed Name

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