

P150000 43208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

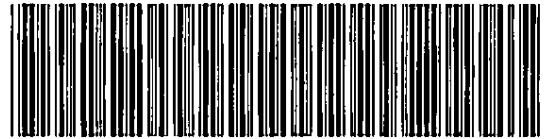
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Florida Keys Boat Rentals of Islamorada  
Name of Corporation

DOCUMENT NUMBER: P15000043208

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:

Paul Wojcicki  
Name of Contact Person

Florida Keys Boat Rentals of Islamorada  
Firm/Company

P.O. Box 1213  
Address

Islamorada, FL 33036  
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul Wojcicki at (305) 849-0299  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 FI  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Keys Boat Rentals of Islamorada
2. The principal office address: 77522 Overseas Highway  
Islamorada, FI 33036
3. The mailing address (if different): P.O. Box 1213 Islamorada, FI 33036
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
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)

John Simons  
8 Sukoshi lane  
Islamorada, FI 33036

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

Paul Wojcik  
77522 Overseas Highway  
P.O. Box NOT acceptable  
Islamorada, FI 33036

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.

Paul Wojcik  
Signature of an officer or director

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.

Paul Wojcik  
Signature of Registered Agent

5-3-2022  
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 (04/13)