

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000186230 3)))



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Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 : (608)827-5501 Fax Number

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REGISTERED AGENT CHANGE LANSDELL & ROSE INC. Certificate of Status Certified Copy Page Count Estimated Charge

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Corporate Filing Menu

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C. GOLDEN

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02

\$35.00

JUL 1 8 2017

H170001862303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporati	, 617,0502, 607,1508, or 617,1508, Florida ton organized under the laws of the State of or registered agent, or both, in the State of	/Florida	
	•		T WKII.	
1. The name of	the corporation: Lansdell & Rose	110.		
2. The principa		et, Suite 1, Key West, Florida 33040	,	
3. The mailing				
4. Date of incor	poration/qualification: 10/15/201	5 Document number: P150000	085166	
	d street address of the current regiment of State: (If resigned, ento	gistered agent and registered office on file (fr resigned)	with the	
	KEY WEST BUSINESS CENT	TER INC	281 FACE -	
	422 FLEMING STREET		ال ا ال 1	
	KEY WEST, FL 33040		ZIIT JUL 17	
6. The name an (if changed):	d street address of the new regist	ered agent (if changed) and /or registered o	PK 4:	.E0
	Business Filings Incorporated		_ 55 0	
	1200 South Pine Island Road		· 9	
	PO). Box: NOT acceptable	_	
	Plantation, Florida 33324			
		ne street address of the business office of a adopted by its board of directors or by an been notified in writing of the change.		•
Q_{Q}	modell	Michael Lansdell, President		
	RE OF BE OFFICER OF QUECTOR	Printed or typed name and t		
I hereby accept I finther agree performance of agent. Or, if th hereby confirm	the appointment as registered a to comply with the provisions of my duties, and I am familiar wi is document is being filed merel that the corporation has been n	ngent and agree to act in this capacity. Fall statutes relative to the proper and cou th and accept the obligation of my postito by to reflect a change in the registered offi confied in writing of this change.	mplete ni as registered ice address, I	
Nable	_	13th day of July, 2017		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Mark Williams, A	AVP			
T	yped or Printed Name			
	* * * 571 3	INC FFF: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03-12)