## P11000021501

(Re	equestor's Name)			
(Address)				
(Ad	ddress)			
(C	ity/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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I ALBRITTON

## COVER LETTER

TO:

Amendment Section Division of Corporations

KEY LARGO CONSULTING INC.

Name of Corporation

P17000021501

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:

John Park

Name of Contact Person

Corporate Filing Solutions Inc.

Firm/Company

PO BOX 540842

Address

Flushing, NY 11354

City/State and Zip Code

cfsjohn@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Park

Name of Contact Person

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2017

JOHN PARK CORPORATE FILING SOLUTIONS INC. P.O. BOX 540842 FLUSHING, NY 11354

SUBJECT: KEY LARGO CONSULTING INC.

Ref. Number: P17000021501

We have received your document for KEY LARGO CONSULTING INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 917A00006094



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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	nized under the laws of the State	of Florida	
1. The name of t	he corporation: KEY LARGO CON	ISULTING INC.		
2. The principal	office address: 1145 Key Largo C nge, FL 32128	ircle	<del></del>	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: March 06, 20	17 Document number: P17	7000021501	
	street address of the current registered a tment of State: (If resigned, enter resigne		e with the	
	Richard Nass			
	1145 Key Largo Circle, Key Largo, FL 32128			
	•		E 2	
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered	ZOLIANO I	
	Richard Nass			
	1145 Key Largo Circle, Port Orange, FL 32128			
	P.O. Box NOT acceptable			
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of	of its registered agent,	
	s authorized by resolution duly adopted e board, or the corporation has been not		an officer so	
	chard MS5	Richard Nass, Preside		
I further agrée to performance of	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a socument is being filed merely to reflect that the corporation has been notified in	d agree to act in this capacity. Ites relative to the proper and cocept the obligation of my posi	complete tion as registered	
K	that Mass	March 25, 2017		
Sign	ature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
Ту	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 \* \* \*