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(((H22000202914 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Prom:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

: (888)462-3453

Fax Number

: (877)919-2613

*Enter the email address for this business entity to be used for fut

annual report mailings. Enter only one email address please

EFILE1234@INCFILE.COM Rmail Address:

REGISTERED AGENT CHANGE

KEY LARGO KLOR DEVELOPMENT CORPORATION

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COVER LETTER

(((H220002029143)))

TO:	Amendment Section Division of Corporations		

Name of Corporation	
DOCUMENT NUMBER: P22000043459	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
LOVETTE DOBSON	
Name of Contact Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 #220	
Address	····
HOUSTON, TX., 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual rep	ort notification)
,	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please	e call:
LOVETTE DOBSON	at (888) 462-3453
Name of Contact Person	Area Code & Daytime Telephone

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

(((H22000202914 3)))

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or register	, , , , , , , , , , , , , , , , , , , ,		
1. The name of t	he corporation: KEY LARGO KLOR DEV	ELOPMENT CORPORATION		
2. The principal office address: 4801 LINTON BLVD STE 11A PMB 567, DELRAY BEACH, FL 33445				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/24/2022	Document number: P22000043459		
	street address of the current registered ag trnent of State: (If resigned, enter resigned			
	Martel Samuels	~~ ?		
	1020 WATER TOWER WAY APT 308	SEC.		
	LANTANA, FL 33073			
LANTANA, FL 33073 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Martel Samuels				
	Martel Samuels			
	1020 Water Tower Way Apt 308			
	P O Box NOT acceptable			
	Lantana, Florida, 33462			
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its registered agent,		
-		by its board of directors or by an officer so fied in writing of the change.		
Must	el Samuels	Martel Samuels, President		
I further agree to of my duties, and document is bein	tof in officer or director the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.	Printed or typed name and title agree to act in this capacity. tes relative to the proper and complete performance ration of my position as registered agent. Or, if this registered office address, I hereby confirm that the		
M (20 to) Serm 10 00 00/10/2022		06/10/2022		
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Martel Samuels				
Typed or Printed Name				

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