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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	



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WEST PARTIES THE





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Keller's Bay B G Inc
DOCUMENT NUMBER: P9800000153
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:
Name of Contact Pelson
Forster Bonghman & Letkowitz
2000 Lilien Way, Ste 405
Mattand 42 3275
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shepheid V at 407 255-2055 Name of Contact Person at 407 255-2055 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

CR2E045 (03/12)

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Keller's But B. Q. Dhc
2. The principal office address: DOYS (INC. Emma KC)
(Ghe May the 3d Mp
3. The mailing address (if different): 1845 Sweetwater loost Circle
Aparka 42 32712
4. Date of incorporation/qualification: 12/31/97 Document number: 49600000152
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)
James E. Shepherd
145 Middle St. Ste 1121
lake Many Ft 32746
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Och A / Sirepland
_ ddo Cyclen Way Ste 405
Maitland fl 3275
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 exporation has been notified in writing of the change.
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.
1/14/16
Signature of Registered Agent
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 (03/12)