1/30/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000028232 3)))



H170000282323ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Address: | |
|----------------|--|
| | |

REGISTERED AGENT CHANGE KEY LARGO LEISURE INVESTMENTS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | |
|--|---|--|--|--|--|
| SUBJ | KEY LARGO LEISURE INVESTMENTS, INC. | | | | |
| | Name of Corp | oration | | | |
| DOCI | UMENT NUMBER: | | | | |
| The er | 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 Conta | et Person | | | |
| | Anne of Contact Follow | | | | |
| | Firm/Comp | pany | | | |
| | · | • | | | |
| | Address | | | | |
| | | | | | |
| City/State and Zip Code | | | | | |
| hillary.johnson@fivestonetax.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | · | | | |
| For fu | rther information concerning this matter, please call | : | | | |
| | | Area Code & Daytime Telephone Number | | | |
| | 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 | Street Address: Amendment Section | | | |
| | Amendment Section Division of Corporations | Amendment Section Division of Corporations | | | |
| | P.O. Box 6327 | Clifton Building | | | |
| | Tallahassec, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

CR2E045 (03/12)



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

| statement of ch | ange is submitted for a corporation or | ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida. | | |
|--|---|--|--|--|
| | the corporation: KEY LARGO LEISUF | • | | |
| | l office address: 28 S. EXUMA ROAD, | | | |
| 3. The mailing | address (if different): | | | |
| 4. Date of incor | poration/qualification: 06/09/1999 | Document number: | | |
| | d street address of the current register artment of State: (If resigned, enter resi | ed agent and registered office on file with the grade of the signed) | | |
| | YATES, DEBORAH S | SHOT IN THE COLUMN TO THE COLU | | |
| | 28 S. EXIMA ROAD | 于(S) 是 (| | |
| | KEY LARGO, FL 33037 | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | |
| 6. The name an (if changed): | <u> </u> | agent (if changed) and /or registered office | | |
| | c/o C T Corporation System, 1200 Sout | th Pine Island Road | | |
| P.O. Box NOT acceptable | | | | |
| | Plantation, Florida 33324 | | | |
| The street addr as changed will | ess of its registered office and the street less identical. | eet address of the business office of its registered agent, | | |
| Such change was authorized by t | as authorized by resolution duly adop he board, or the corporation has been | sted by its board of directors or by an officer so notified in writing of the change. | | |
| Deborah | S. Clates | Deborah S Yates, Director | | |
| I hereby accept I further agree performance of agent. Or, if th | the appointment as registered agent to comply with the provisions of all s f my duties, and I am familiar with an his document is being filed merely to r that the corporation has been notific | Printed or typed name and title and agree to act in this capacity. tatutes relative to the proper and complete d accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change. | | |
| _ | rporation System Lean Vincent | 01/20/2017 | | |
| 1 5 | gnature of Registered Agent | Date | | |
| If signing on bo | chalf of an entity: | | | |
| | VP and Asst. Secretary | | | |
| 7 | 'yped or Printed Name | EEE. 026 00 + + + | | |
| | " " " FILING | FEE: \$35.00 * * * | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO; DIVISION OF CORPORATIONS, P.O. BOX 6327, TABLAHASSEE, FL 32314

CR2E045 (03/12)