

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : KEYSTONE PROPERTY MANAGEMENT, INC.

2. The mailing address of the corporation : 407 LINCOLN ROAD - STR 2B
MIAMI BEACH, FL 33139

3. Date of incorporation/qualification: 4/28/1988 Document number: K 22126

4. The name and address of the current registered agent and office:

DOUGLAS D. SYATON.
407 LINCOLN RD 2B
MIAMI BEACH, FL 33139

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

JOAN BENNETT
518 NE 72 STREET
MIAMI, FL 33138

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.

Joan Bennett
(Signature of an officer, chairman or vice chairman of the board)

4-17-2002
(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Joan Bennett
(Signature of Registered Agent)

4-17-2002
(Date)

If signing on behalf of an entity:

Joan Bennett
(Typed or Printed Name)

President
(Capacity)

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

02 APR 22 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K 22126

Requester's Name
 P.O. Box 402336
 M.B. FL 33140

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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 *****35.00 *****35.00

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

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Examiner's Initials *ae 4/25*

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