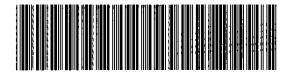
129302

Moria Victoria Arios (Requestor's Name)			
201 Albanba Circle. (Address)			
Suite 1102 (Address)			
Coral Gables, FL 33134 (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 NOV - 3 &M 8: LA

CARO MS



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of	ſ
in orde	er to change its registered office or registered agent, or both, in the State of	`Florida.
	the corporation: Keys Gate Condominium No. One Asso	<u>ciation</u>
2. The principal	office address: 1541 SE 12 Ave Suite #37	
Homestea	ad FL 33034	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 11/18/1988 Document number:	N29362
	d street address of the current registered agent and registered office on file vertment of State: (If resigned, enter resigned)	vith the
	Miami Management, Inc.	
	1541 SE 12 Ave Suite #37	H 11
	Homestead, FL 33034	SECRETARY VISION OF CO
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered o	ffice = Pfi
	SKLRD, Inc.	1 8: 46
	201 Alhambra Circle #1102	
	P.O. Box NOT acceptable	
	Coral Gables, FL 33134	<u> </u>
The street address changed will	ess of its registered office and the street address of the business office of be identical.	its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by a ne board, or the corporation has been notified in writing of the change.	n officer so
Sands	a Blake Frinted of typed mainte and	Ke
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and co ad I am familiar with and accept the obligation of my position as register ing filed merely to reflect a change in the registered office address, I her s been notified in writing of this change.	omplete performance ed agent. Or, if this eby confirm that the
By: Last	nature of Registered Agent Date	
If signing on be	half of an entity:	
<u>-</u>	yped or Printed Name	

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