Name and	Address of Current Registered Agent.		
	NCY A EMONT DRIVE FL 34232 US		
The above nam	ned entity submits this statement for the purpose of changin	ng its registered office or re	egistered agent, or both, in t
SIGNATURE: NANCY A MORRIS			
	Electronic Signature of Registered Agent		
Officer/Di	rector Detail :		
Title	SD	Title	TD
Name	OLSON, NANCY YOST	Name	MORRIS, NANCY
Address	13836 SIENNA LOOP	Address	3929 BREEZEMON

DOCUMENT# N17909

Entity Name: KEY CHORALE, INC.

#### **Current Principal Place of Business:**

3929 BREEZEMONT DRIVE SARASOTA, FL 34232

#### **Current Mailing Address:**

P. O. BOX 20613 SARASOTA. FL 34276 US

## FEI Number: 59-2779200

## Name and Address of Current Registered Agent:

The a the State of Florida.

#### 3929 BREEZEMONT DRIVE Address 13836 SIENNA LOOP Address City-State-Zip: SARASOTA FL 34232 City-State-Zip: LAKEWOOD RANCH FL 34202 VPD Title Title PD Name CORRIGAN, MARCIA LILLEY, RICHARD Name 420 GOLDEN GATE POINT 12814 KITE DR Address Address City-State-Zip: SARASOTA FL 34236 City-State-Zip: **BRADENTON FL 34238** Title EXDR STORM, RICHARD Name 707 S GULFSTREAM AVENUE #307 Address City-State-Zip: SARASOTA FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: NANCY MORRIS

TREASURER

01/28/2014

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 28, 2014 Secretary of State CC3498595051

01/28/2014 Date

Certificate of Status Desired: No