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.

TREASURER

SIGNATURE: KELLI KEETER

I

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N26829

Entity Name: KEY WEST PRESCHOOL CO-OPERATIVE, INC.

Current Principal Place of Business:

2610 FLAGLER AVE KEY WEST, FL 33040

Current Mailing Address:

2610 FLAGLER AVE KEY WEST, FL 33040 US

FEI Number: 65-0056669

Name and Address of Current Registered Agent:

KEETER, KELLI A 4 BAY DR KEY WEST, FL 33040 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KELLI KEETER				10/16/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRES	Title	VP	
Name	HURST , JENNIFER	Name	WAY, JULIE	
Address	115 SHORE DR	Address	2 CALLE UNO	
City-State-Zip:	SUGARLOAF KEY FL 33042	City-State-Zip:	KEY WEST FL 33040	
Title	SEC	Title	DIR	
Name	BUSICK, MELISSA	Name	KIRKPATRICK, JAMIE	
Address	1271A MATTHEW PERRY RD	Address	2610 FLAGLER	
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040	
Title	TREASURER			
Name	KEETER, KELLI ANN			
Address	2610 FLAGLER AVE			
City-State-Zip:	KEY WEST FL 33040			

Certificate of Status Desired: Yes

FILED Oct 16, 2015 Secretary of State CR4371843332

10/16/2015