## 224813

S COM 1 3 RD, 2 L, 33	IPANY AVE #60 3129
WAIT	MAIL
usiness Entity Nam	
Certificate	s of Status
Filing Officer:	
	cy/State/Zip/Phon WAIT siness Entity National Comment Number Certificate

Office Use Only



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SECRETARY OF STATE

MAChange

OCT 1 0 2017

T. LEWIS

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

statement of cha	provisions of sections 607.0502, 617. ange is submitted for a corporation of er to change its registered office or re	rganized under the laws of the State (	of Florida	
1 The name of	the corporation: The Keyes Cor	npany		
2 The principal	office address: 2121 SW 3RD	AV SUITE 601 MIAMI FL 3	33129 US	
2. The principal	office address.			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 06/12/195	Document number: 224	813	
	d street address of the current register rtment of State: (If resigned, enter res		e with the	
	Bruce D Friedlander			
	3300 N University Dr Ste	4	TALL	10 A
	Coral Springs Florida 330	65	OCT -	
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or registered	SECRETARY OF STATE TALLAHASSEE, FLORE	
	Friedlander & Kamelhair,	PL		
	2920 N University Dr		_	
		NOT acceptable		
	Coral Springs Florida 330		<u> </u>	
The street addr as changed wil	ess of its registered office and the st	reet address of the business office o	of its registered agent,	
	ras authorized by resolution duly ado the board, or the corporation has been			
Signal	detacted by the control of the contr	WICHAEL P		
I furthér agrée performance o agent. Or. if th	t the appointment as registered agen to comply with the provisions of all f my duties, and I am familiar with a his document is being filed merely to a that the corporation has been notifi	statutes relative to the proper and c and accept the obligation of my posi reflect a change in the registered o	tion as registered	
X	me from bush	October 04 2012		
	gnature of Registered Agent	Date		
	ehalf of an entity: r & Kamelhair, PL			
	Typed or Printed Name			

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