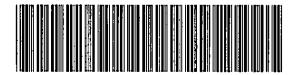
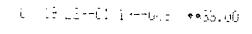
## 763722

(Requestor's Name)					
(Address)					
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,					
(City/Ctata (Zia/Dhana 4)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Cortified Coains Codificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Ra Chang

## **COVER LETTER**

TO:

TO:	Amendment Section Division of Corporations			
SUBJ Name	JECT: The Key Association, Inc.			
	UMENT NUMBER: 763722			
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing	••	
Please	e return all correspondence concerning this	matter to the following:	•	
David	Blake Lipstein			
Name	of Contact Person			
Firm/	Company			
250 S <sub>1</sub>	pring Dr.			
Addre	ess			
Roton	da West, FL 33947			
City/S	State and Zip Code	<del></del>		
	Floridianrealtor828@gmail.co	m		
E-ma	il address: (to be used for future annual	•		
		•		25
For fu	urther information concerning this matter. p	lease call:		2622 JUL 19 6311: 17
David	Blake Lipstein	31 (941 ) 468-4757	•	
	Name of Contact Person	at (941 )468-4757  Area Code & Daytime Telephon	e Numb	er F;
Enclo	sed is a \$35.00 check made payable to the I	Department of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of ch	e provisions of sections 607,0502, 617, ange is submitted for a corporation or	ganized under the laws of the .	State of Florida
	er to change its registered office or reg	·	State of Florida.
1. The name of	the corporation: The Key Association.	Inc.	
2. The principal	l office address: 2350 N. Beach Rd., Eng	glewood. FL 34223	<u> </u>
3. The mailing	address (if different): 250 Spring Dr., R	lotonda West, FL 34223	
	poration/qualification: 06/16/1982		763722
5. The name an Florida Depa	d street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office ogned)	on file with the
	Donald N. Crone		
	P.O. Box 900		
	Placida, FL 33946		<del></del>
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or regis	tered office
	David Blake Lipstein		2022 38 5 78
	250 Spring Dr.		
	P.O. Englewood, FL 33947	Box NOT acceptable	
The street address changed will	ess of its registered office and the stro be identical.	eet address of the business off	· ·
	as authorized by resolution duly adop he board, or the corporation has been		and the second s
Dari	red Blue Historia of director	David Blake Lipstein Printed or typed in	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registerea agent to comply with the provisions of all so ad I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capac tatutes relative to the proper i obligation of my position as re the registered office address	
Doug	nature of Registered Agent	David Blake Lipstein	7/12/22
	chalf of an entity:	2-10	
T	yped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)