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(Document Number)				
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: May 24, 2018

Order#: 202326/156

Re: KEY WESTER LIMITED

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



CS CMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	KEY WESTE	R LIMITED)		
	Name of Limited Partnership or Limit	ted Liability Lin	nited Partnersh	тір	
2.	2. 12/30/1997 Date of filing/registration in Florida		A970000	002907	
Date of			Florida document		
4. The name of Department of	of the registered agent and the registered of State:	ffice address as	shown on the i	records of the Flor	rida
	Corporate Creation	s Network, li	nc.		
	Name				
	11380 Prosperity Far	ms Road, #2	221E	√	
	Addres				:
	Palm Beach Garden	s FL	33410		ŗ
	City, State a	ınd Zip		<u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
5. The name a	and Florida street address of the new regist	_			ا ب
	Corporation Servi		/	₹.	Ĺ
	Name	:			
	1201 Hays	Street			
	Florida street address (P.O	. Box not accept	able)		
	Tallahassee	FL.	32301		
	City. State a				
6 Such chang	e(s) is/are effective when filed by the Flor	ida Department	of State.		
Signature of G	ieneral Partner Jill Cilmi, Vice President o	on behalf of HTS-	KW, Inc., Gene	eral Partner	
comply with th and I am famil Cor By: L Signature of R	of the appointment as registered agent and the provisions of all statutes relative to the plan with an accept the obligations of my proporation Service Company cgistered Agent 7. Asst. Vice President	proper and comp	olete performa		
Filing Fee: Certified C	\$35.00 opy (optional): \$52.50				