

F13 000 000 188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 DEC 16 PM 3:05

December 16, 2020

SCOTT R. EIBEL  
KEYVIEW LABS, INC.  
1509 WEST CYPRESS ST.  
TAMPA, FL 33606

SUBJECT: KEYVIEW LABS, INC.  
Ref. Number: F13000000188

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE AFFIDAVIT FORM CAN NOT BE FILED DUE TO FIRST YEAR OF QUALIFICATION ONLY. PLEASE COMPLETE THE AMENDMENT FOR FOREIGN PROFIT CORPORATION ATTACHED AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 320A00025475

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: KEYVIEW LABS, INC.

Name of Corporation

DOCUMENT NUMBER: F13000000188

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT R. EIBEL

Name of Contact Person

KEYVIEW LABS, INC.

Firm/Company

1509 W CYPRUS ST.

Address

TAMPA, FL 33606

City/State and Zip Code

SEIBEL@KEYVIEWLABS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT EIBEL

Name of Contact Person

at ( 813 ) 415 9307

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F13000000188

(Document number of corporation (if known))

1. KEYVIEW LABS, INC.  
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE 3. 1/14/2013  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

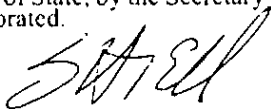
\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DP</u>	<u>SHEAM HEWES</u>	<u>1509 W CYPRESS ST.</u> <u>TAMPA, FL 33609</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>SHEAM HEWES</u>	<u>1509 W CYPRESS ST.</u> <u>TAMPA, FL 33609</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>SCOTT EIBEL</u>	<u>1509 W CYPRESS ST.</u> <u>TAMPA, FL 33606</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>          </u>	<u>          </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>          </u>	<u>          </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

SCOTT EIBEL

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35.00