Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

: C T CCRPORATION SYSTEM Account Name

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email

Address:

REGISTERED AGENT CHANGE KEET INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delaware istered agent, or both, in the State of Florida.	
	the corporation: KEET INC. office address: 625 S. Fifth St.		
	Phoenix, AZ 85004		
_	ddress (if different):		
4. Dateofincorpo	oration/qualification: 06/05/2020	Document number: F20000002511	
5. The name and		d agent and registered office on file with the	
	CORPORATION SERVICE COMPAN	IY .	
	1201 Hays Street		
	Tallahassee, FL 32301		
6. The name and (ifchanged):	I street address of the new registered a	gent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		
	P.O.:	Box NOT acceptable	
	Plantation, Florida 33324	722 AL	
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its regi ste red agent.	g
Such change wa authorized by the	is authorized by resolution duly adopted board, or the corporation has been	ted by its board of directors or by an officerso. notified in writing of the change.	6
Douglas S	thanah	Douglas Shamah, Secretary	C
Thereby accept I further agree t of my duties, an document is beli corporation has	veen noujiea in writing of this chang	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address. Thereby confirm that the	
C T Corporation	•	8/30/2022	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	roo, Asst. Secretary ped or Printed Name		
	* * * FILING I	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)

By: