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Fax Number : (850)617-6380

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081
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Fax Number : (855)330-1010

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

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REGISTERED AGENT CHANGE KEITH VOGT, LTD., CORPORATION

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

statement of ch	ange is submitted for a corporation	n 17.0302, 607.1308, or 617.1308, Florida Statutes, the organized under the laws of the State of <mark>Illinois</mark> registered agent, or both, in the State of Florida.		
1. The name of	the corporation: KEITH VOGT	, LTD., CORPORATION		
	office address: 7901 4th St N			
St. Petersbu	irg FL			
3. The mailing	address (if different): PO BOX 6	5247 River Forest, IL 60305		_
4. Date of incor	poration/qualification: 02/25/21	Document number: F21000001113		_
	d street address of the current regis artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	VOGT, KEITH			
	6267 ADKINS AVE		202	
	NAPLES, FL 34112		2022 JAN -4	71. Dia
6. The name an (if changed):	-	red agent (if changed) and /or registered office Agent LLC	1-4 AM 10: 1	FILLER ARY OF SE FILLER
	7901 4th St N STE 300		: I 7	= <u>-</u> - <u>-</u> -
	7301 401 3014 314 300	P.O. Box NOT acceptable		
	St. Petersburg FL 3370	02		
The street addr	ess of its registered office and the I be identical.	street address of the business office of its registere	ed agent,	
Such change wanthorized by t	as authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.		
Keit	h Vogt	Keith Vogt, President		
I hereby accep I further agree of my duties, a document is be	to comply with the provisions of i	Panted or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete perf the obligation of my position as registered agent. Co ge in the registered office address, I hereby confirm thange.	formance Or, if this that the	? ;
Ton G	love_	1/4/22		
Si	gnature of Registered Agent	Date		
If signing on b	ehalf of an entity:			
Tom Glove	er	_		
	Typed or Printed Name			
	* * * FILI	NG FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, Tallahassee, FL 32314
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