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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850) 521-1000 Fax Number : (850)558-1515

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REGISTERED AGENT CHANGE KEYSTONE GROUP HOLDINGS, INC.

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J. Help

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

statement of cha	nge is submitted for a c	corporation organiz	607.1508, or 617.1508, Florida Statut ed under the laws of the State of Delay ed agent, or both, in the State of Florid	ware
	-			
I. The name of t	he corporation: KEYS	STONE GROOP	HOLDINGS, INC.	
2. The principal	office address: 400 N.	. Ashley Drive, Si	uite 1900, Tampa, FL 33602	
3. The mailing a	ddress (if different):			**************************************
4. Date of incorp	oration/qualification:	10/18/1996	Document number: F960000054	29
5. The name and			ent and registered office on file with the	:
	Von Horn, Brent N	T		
	400 N. Ashley Driv	ve, Suite 1900		
	Tampa, FL 33602	us .		
6. The name and (if changed):	street address of the n	ew registered agent	(if changed) and /or registered office	2010 APR 20 AM II:
	Corporation Service	e Company		
	1201 Hays Street			
	(P	O. Box NOT acceptable)		I. I
	Tallahassee, FL 32	2301		
The street address changed will	ess of its registered of be identical.	fice and the street a	ddress of the business office of its reg	ristered agent,
Such change we authorized by the	as authorized by resol ne board, of the corpo	ution duly adopted ration has been not	by its board of directors or by an officified in writing of the change.	cer so
Plane	a Frank	a_	Blanca Lozada, Attorney In Fact	
(Signati	ire of all officer or director)		(Printed or typed hains and title)	
I hereby accept I further agree of my duties, an document is bet corporation has Corporati	the appointment as re to comply with the pro d I am familiar with on filed merely to refi s been notified in writ on Service Compan	egistered agent and ovisions of all statu and accept the oblig lect a change in the ing of this change.	l agree to act in this capacity, tes relative to the proper and complet gation of my position as registered ago registered office address, I hereby co	e performance ent. Or, if this infirm that the
By: S	Silv. co		04/20/2010	
	mature of Registered Agent)		(Date)	
If signing on be	half of an entity:			
Sylvia Quepp	et, Asst. VP			
	Typed or Printed Name)			
		* * * FIT INC RE	r, \$35 AA + + +	

FILING FEE: \$35.00

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