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(Re	equestor's Name)	_
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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G. MCPE@Dy

JAN 24 2011

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Crosskeys Advisors, L.L.C.  Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard Becker
CrossKeys Advisors, L.L.C.
Firm/Company
200 South Andrews Ave. Suite 504 Address
Fort Lauderdale FL 33301 City/State and Zip Code
Thecker @ Cross Keys capital. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Becker at (954) 779-3135
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section
Division of Corporations  Division of Corporations  Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee & Certified Copy

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ı	
Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered.
1. Name of the limited liability company:Ke	ys Advisors, L.L.C.
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Suite 504 Fort Lauderdale FL 33301
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE
3. Date of filing/registration in Florida	L02000001504
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	<b>7</b>
Registered Agent:	Richard A. Becker
Registered Office Address: 845 Her. Fase h. Westen FL	200 South Andrews Avenue
33326	Forther de delle FL 33301
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	V Registered Office address:
NEW Registered Agent:	Richard A. Becker
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 504 Fort Landerdole ,FL 33301
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  **Lichard Bell**  Signature of a member or authorized representative of a member  **Richard A. Becker**	aws of the State of Florida, it is hereby orida street address of the registered effice cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tichad Becker 1/19/11
Signature of Registered Agent

Printed or typed name of signee