405000054784

(Requ	uestor's Name)			
(Addr	ress)			
(Addi	(229)			
(Addi	c33)			
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	ling Officer:			
	J. HORNE	<u>:</u>		
	SEP 19 20	22		

Office Use Only



300389873323

800-24-20 - 01312--821 - ++20.69

2022 JUH 24 PH 3: 22 SECRETARY OF SHA

	COVER LETTER							
TO:		istration Section sion of Corporations		•	, , ,	/ -0 +.		
SUBJ	ECT:	KEYSTONE ASSETS, LLC						
0000	.,	Name of Limited Liability Company						
Dear S	Sir or N	Madam:						
The er	nclosed	d Registered Agent/Registered O	ffice Change a	nd fee(s) are su	bmitted fo	or filing.		
Please	returr	all correspondence concerning	his matter to the	ne following:				
JOHN	ROCK	KEY						
		Name of Person	•					
KEYS	TONE	ASSETS, LLC						
		Firm/Company						
17627	133RE) WAY NORTH						
		Address						
JUPIT	ER. FL	33478						
		City/State and Zip Code				•		
JOHN	.ROCK	EY007 @ GMAIL.COM						
	E-mail	address: (to be used for future a	inual report no	tification)				
For fu	rther in	nformation concerning this matte	r, please call:					
JOHN	ROCK	ŒY	561 at (281.6933	3			
		Name of Person	\	Area Code	& Daytir	ne Telephoi	ne Number	
	Reg Divi	iling Address: istration Section ision of Corporations . Box 6327		Division	ddress: ion Section of Corpotre of Tal	rations		
	Tall	ahassee, FL 32314			Monroe S see, FL 33	Street, Suite 2303	e 810	
	Encl	losed is a check for the following	g amount:					
	a \$2	25 Filing Fee		\$55 Filing Fee	& Certifi	ed Copy		

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

		/L\			
!. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>_</u>	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	ny:	
	13434 WEST INDIANTOWN ROAD	1.	3434 WEST INDIANTOWN ROAD	,	
	JUPITER, FL 33478	JUPITER, FL 33478			
	6/5/2005	L0	5000054784		
3.	Date of filing/registration in Florida	4.	Document number		
i. (a)					
	Registered Agent and Registered Office shown on the records of JOHN E O'BRIEN	f the Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 13434 WEST INDIANTOWN ROAD	"ADDRESS)			
	JUPITER F	33478 L	_ 		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	ECR ECR	-11	
	JOHN ROCKEY		2022 JUN 24 PH SECRETARY OF TALL AHASSEE. I		
	NEW Registered Office Address:		PO P	: 11	
	17627 133RD WAY NORTH			, –	
	JUPITER, F	33478		3	
hange gent v vas/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the Sta e registered of iability comp of the limited e limited liab	ite of Florida, it is hereby confirmed that a office and the business office of the register any, it is hereby confirmed that the change I liability company or as otherwise provide	red :(s)	
Signa	ture y'a member or authorized representative of a member		Printed or typed name of signee		
here rovisi he obl	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to act in performanced for in Cha	this capacity. I further agree to comply wi e of my duties, and I am familiar with and oter 605, F.S. Or, if this document is being	th the accept g filed	