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| PICK-UP | ☐ WAIT | MAIL |
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| : Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

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|--|---|------------------|
| TO: Registration Section Division of Corporations | | |
| SUBJECT: The Cey, | ited Liability Company) | <u> </u> |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | ce Change and fee(s) are submitted f | or filing. |
| Please return all correspondence concerning this | s matter to the following: | |
| Allen Rich (Name of Person) | | |
| | · · · · · · · · · · · · · · · · · · · | |
| The leyless Cont | Stone | |
| (Firm/Company) 2/762 | | |
| (Address) | | 2007 SEC |
| Boca Radon Florile (City/State and Zip Code) | 33×28 | ATT COMMENTS |
| (City/State and Zip Code) | | SEE, FI |
| For further information concerning this matter, j | please call: | HIZ: 12 |
| Alla Rics | 11 479 049 | F |
| (Name of Person) | (Area Code & Daytime To | elephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following a | mount: | |
| \$25 Filing Fee | \$55 Filing Fee & Certified C | Copy |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| agent, or some, in the state of randa. |
|---|
| 1. The name of the limited liability company is: The Keyless LOCK Store CLC |
| 2. The mailing address of the limited liability company is: 21762. Marigot Dr. BORA KATON, H. 33428 |
| 5/30/06 L06000054849 |
| 3. Date of filing/registration in Florida 4. Document number |
| 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: In fel State State |
| 6. The name and address of the new registered agent and/or office: Allon Rich 21762 Manne Florida street address (P.O. Box NOT acceptable) City, State and Zip |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the junited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) 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. |
| 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 statules 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 608.7F.S. Or, if this document is being filed to merely reflect a change in the registered office address thereby confirm that the limited liability company has been notified in writing of this change. |

(Signature of Registered Agent)