

LD8000017153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

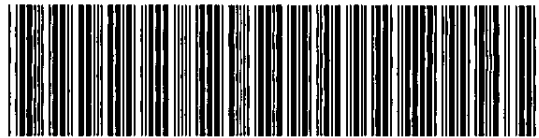
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NOV 13 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEYSTONE QUALITY SERVICES LLC
(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 L THOMAS
(Name of Person)

KEYSTONE QUALITY SERVICES LLC
(Firm/Company)

P.O. BOX 3355
(Address)

BAY ST. LOUIS MS 39521
(City/State and Zip Code)

For further information concerning this matter, please call:

RICHARD L THOMAS at (228) 324-0512
(Name of Person) (Area Code & Daytime Telephone 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified 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.

1. Name of the limited liability company: KEYSTONE QUALITY SERVICES LLC

2. (a) Principal office address of limited liability company: 605 SUNSET DR
(Note: **MUST BE STREET ADDRESS**) BAY ST. LOUIS MS 39521

(b) Mailing address of limited liability company: P.O. BOX 3355
(Note: **MAY BE POST OFFICE BOX**) BAY ST. LOUIS MS 39521

AUGUST 26, 2008

3. Date of filing/registration in Florida

L08000017153

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

SHENA M ENFINGER

Registered Office Address:

4511 HIGHWAY 95-A
MOLINO, FL 32577

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SECRETARY OF STATE

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1212 JASPER ST

CANTONMENT FL 32577

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 limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Richard L Thomas *mgkm*
(Signature of a member or authorized representative of a member)

RICHARD L THOMAS

(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, 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.

Shena M Enfinger
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00