

(F	Requestor's Name)			
( <i>F</i>	Address)			
	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

G. MCLEOD

NOV 1 6 2009

EXAMINER



700162655177

11/13/09--01018--006 \*\*25.00

11:11HY EI AON 60

SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

Registration Section

**Division of Corporations** Keyway Real Estate LLC **SUBJECT:** 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: Gustavo Baez Name of Person Keyway Real Estate LLC Firm/Company 1000 Brickell Ave, Suite 715 Address Miami Elorida 33131 City/State and Zip Code Chaez@keywayrealestate.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: <u>Gustavo Baez</u> 305 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section → 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 \$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 608.5 liability company submits the following statement in ordagent, or both, in the State of Florida.	508, Florida Statutes, the unde er to change its registered offic	rsigned limitea e or registerea	
1. Name of the limited liability company:	keyway Real Estate LLC		
2. (a) Principal office address of limited liability compan	y: 1000 Brickell Ave	.Suite 715	
(Note: MUST BE STREET ADDRESS)	Miami,Florida, 33131		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
10/01/2009	L09000094628	<u> </u>	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:	
Registered Agent:	Felipe Quintero		
Registered Office Address:	1000 Brickell Ave, Suite 715 Miami, Florida. 33131		
	Miami, 1 londa. 55151	<del></del>	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		ECRETAR ISION OF 1	
NEW Registered Agent:	Gustavo Baez		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1000 Brickell Ave Suite 715		
	<u>Miami</u>	,F <b>1:</b> 33131:.	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the fand the business office of the registered agent will be iden liability 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.	Florida street address of the registical. Or, in the case of a Florid was/were authorized by an afforwise provided in the articles of	stered office a limited irmative vote	
ATTIVITY )	_		
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 comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particular to the provision of the property of the provision of the pro	agree to act in this capacity. I for oper and complete performance osition as registered agent as pre erely reflect a change in the reg by has been notified in writing of	urther agree to of my duties, ovided for in istered office this change.	
Signature of Registered Agent			

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