## L100000034395

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T. HAMPTON

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EXAMINER

## **COVER LETTER**

Division of Corp	orations			
SUBJECT:	Kev (	Compu	ter Solutio	ns. LLC
			Liability Con	
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered	Office C	Change and fe	e(s) are submitted for filing.
Please return all correspo	ondence concernin	g this ma	atter to the fol	llowing:
	stin A. Vore	· · · · · · · · · · · · · · · · · · ·		
	uter Solutions, L	LC.		
: :	S Cherokee St	• • • •	il de la	marini, Righton
	W Managara		· ••	
	ter, FL 33458 ate and Zip Code		<del></del>	
dvore@ E-mail address: (to be used	komputions.com	l notification	n)	
For further information of	oncerning this ma	tter, plea	se call:	
Dustin A.		at (	561_)	222-2467
Name of Pers	on		Area Coo	de & Daytime Telephone Number
STREET/COURI	ER ADDRESS:		MAILING	ADDRESS:
Registration Section			Registratio	
Division of Corpor	ations			Corporations
Clifton Building 2661 Executive Ce Tallahassee, Florid			P.O. Box 6 Tallahassee	327 e, Florida 32314
Enclosed is a cho	ck for the followi	ing amo	unt:	
C \$25 Filing Fee	peper for the second			a Fac & Cartified Conv

**TO:** Registration Section

## 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. 1	Name of the limited liability company:	Key Computer Solutions, LLC			
2. (	(a) Principal office address of limited liability com	npany:	Key Compute	r Solutions	s, LLC
- _⊻	(Note: MUST BE STREET ADDRESS)		Cherokee St ter, FL 33458		
(	(b) Mailing address of limited liability company:		Key Computer S	Solutions, l	LC
- -▼	(Note: MAY BE POST OFFICE BOX)		5 Cherokee St ter, FL 33458	. 0	
	March 25, 2010		L10000034	1395	
3. 1	Date of filing/registration in Florida	4. Do	cument number		
5.	(a) Registered Agent and Registered Office shown	n on the rec	ords of the Florida D	Dept. of Star	te:
	Registered Agent:	<u>Dust</u>	in Anthony Vore		
	Registered Office Address:		San Pietro Cir		
		Palm	n Beach Gardens, I	<u>-L 33410</u>	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW Registered Office address</b> :					
	NEW Registered Agent:	<u>Dust</u>	Dustin Anthony Vore		
	<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1105 Cherokee St			
	MUSI BE FLORIDA STREET ADDRESS	Jupit	ter	,FL <u>33</u>	458
con and liab of the or the Signature	ne limited liability company is not organized under firmed that after the change or changes are made, to the business office of the registered agent will be inditive company, it is hereby confirmed that the change he members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operation of a member of a member of a member of the operation of a member of the operation of the limited liability to the limited liability company of the operation of the limited liability company of the limited liability of the limited liability company of the limited liability company of the limited liability of the limited liabili	he Florida identical. ( ge(s) was/v otherwise p pany.	street address of the Dr, in the case of a Fl were authorized by a provided in the article of a first this canacity.	registered of lorida limite n affirmatives of organi	e S即的TARY OF STATE of SURPORATIONS
Sign	nature of Registered Agent				

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