Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000352360 3)))



H240003523603ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email: | Address: | | |
|--------|----------|--|--|
| CIDALI | MUULESS. | | |

LLC REGISTERED AGENT CHANGE KEY HOLDINGS INTERNATIONAL LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

10/22/2024 11:39:17 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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.

| (a) | | | b) | |
|-------------------------------------|---|---------------------------------------|--|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | |
| | 7901 4th St N STE 300 | | 7901 4th St N STE | 300 |
| | St. Petersburg, FL 33702 | | St. Petersburg, FL | 33702 |
| | 10/27/10 | | L10000112202 | |
| | Date of filing/registration in Florida | 4. | Docur | nent number |
| (a) | SWAN, LAWRENCE | | | |
| (, | Registered Agent and Registered Office shown on the records o | | | |
| | 615 Cape Coral Pkwy W | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | <u>(S)</u> | | |
| | Suite 104 | | | |
| | APE CORAL FL ³ | | | 2077 |
| (b) | Registered Agents Inc | | | 28270°+22 |
| _ | Enter name of NEW Registered Agent and/or NEW Registere | ddress: | ₩. ₩. | |
| | 7901 4th St N | | | PH 12: 140 |
| | NEW Registered Office Address: | | 22 | |
| | STE 300 | - | | 0 |
| | St. Petersburg , Fi | 33702 L | | |
| e char ent w as/we e artic | mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the member of a member of | f the reg iability of of the li | istered office and the company, it is hereby mited liability comp | ic business office of the register y confirmed that the change(s) |

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 605, 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.

Assistant Secretary

Signature of Registered Agent