Division of Corporations

## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (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:\_

## LLC REGISTERED AGENT CHANGE KEY HOLDINGS USA LLC

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OCT 28 2024

Fax: 8134365206

10/25/2024 07:59:39 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.

1. N	ame of the limited liability company: KEY HOLDINGS	USA LLC	
2. (a)		(b)	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	790	01 4th St N STE 300
	St. Petersburg, FL 33702	St.	Petersburg, FL 33702
	11/07/11	LIIC	000126561
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SWAN, LAWRENCE		
(	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State
	615 Cape Coral Pkwy W		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Suite 104		
	CAPE CORAL	33914	<del></del> -
	, г	<b>-</b>	<del></del>
(h)	Registered Agents Inc		12:-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	I Office address:	
	7901 4th St N		.⇔
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	STE 300		**, **,
			<del></del>
	St. Petersburg	33702	c:
the cha agent v was/wi the art Signa I here provise the obt	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the florida member of authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If in writing of this change.	f the registered ability compared the limited liabil Robin Jor	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Printed or typed name of signee his capacity. I further agree to comply with the
avid S	David Roberts - Assistant S	ecretary	
Signatu	re of Registered Agent		