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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
-	PICK-UP WAIT MAIL			
4	(Business Entity Name)			
	(Dushless Chity Name)			
(Document Number)				
	Certified Copies Certificates of Status			
	Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Key Dealership Realty, LLC	
SUBJECT:	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kevin Kehoe	
Name of Person	
Key Auto Mall, Inc.	
Firm/Сотралу	
3700-16th St.	
Address	
Moline, 1L 61265	
City/State and Zip Code	
kkehoe@keyautomall.com	_
E-mail address: (to be used for future annual rep-	ort notification)
For further information concerning this matter, please	call:
Danielle Tippie	359-3591
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amour	at:
■ \$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 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.

)	4304 Wardell PI, Orlando, FL 32814	(b) 41	304 Wardell Pl, Orlando, FL 32814
· ·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/03/2012		2000151319
	Date of filing/registration in Florida	4.	Document number
)	Kevin Kehoe		
	Registered Agent and Registered Office shown on the records	pl of State:	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	, Fr-3
	1212 Ben Franklin Dr. Unit 1002		922
	Sarasola	FL	
	Enter name of NEW Registered Agent and/or NEW Register	reg Office augres	<u> </u>
	NEW Registered Office Address:		
	4304 Wardell PI		
	Orlando	FL	
ge I W	mited liability company is not organized under the or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of t	laws of the Sta he registered o liability comp s of the limited he limited liab	nany, it is hereby confirmed that the change(s) dliability company or as otherwise provided in illity company.
_	14111111	Kevin K	Printed or typed name of signee
ret isia bli	over of a member or authorized representative of a member by accept the appointment as registered agent and cons of all statutes relative to the proper and completing allows of my position as registered agent as proving reflect a change in the registered office address. If in whiting of this change	1 1 6	this capacity. I further agree to comply with the of my duties, and I am familiar with and acc