

L12666153451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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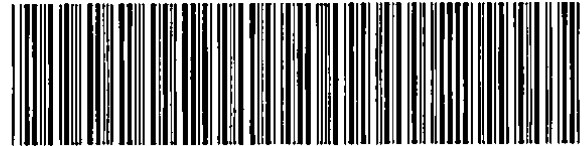
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Keyes Property Mangement, LLC
Name of Corporation

DOCUMENT NUMBER: L12000153451

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Benjamin Gene

Name of Contact Person

Marben, LLC

Firm/Company

10991 Haydn Drive

Address

Boca Raton, FL 33498

City/State and Zip Code

Bgene@keyespm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Gene

at (248) 860-0999

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Keyes Property Management, LLC
2. The principal office address: 2121 SW 3rd Avenue, Ste 601
Miami, FL 33129
3. The mailing address (if different): 4301 N Federal Highway Ste 2, Pompano Beach, FL 33064
4. Date of incorporation/qualification: 12/07/2012 Document number: L12000153451
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Friedlander and Kamelhair

1520 E Sunrise Blvd

Fort Lauderdale, FL 33304

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Israel, Israel & Associates

6099 Stirling Road, Ste 211

P O. Box NOT acceptable

Davie, FL 33314

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer ^{or} authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Benjamin Gene

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

document is being filed merely to re-
 corporation has been notified in writing.

 Signature of Registered Agent

5/12/2023
Date

Date _____

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)