L14000195605

| | (Requestor's Name) |
|--------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-L | P WAIT MAIL |
| | (Business Entity Name) |
| | |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructio | ns to Filing Officer: |
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J. LEGGETT APR 0 3 2018

COVER LETTER

| | tion Section n of Corporations | | | | | | |
|---|--|---------------------------------------|--|--|--|--|--|
| CUDIFCT. | JECT: Keys Meads LLC Name of Limited Liability Company | | | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | | |
| Dear Sir or Mad | | | | | | | |
| The enclosed Re | gistered Agent/Registered Offi | ice Change and fe | e(s) are submitted for filing. | | | | |
| Please return all | correspondence concerning th | is matter to the fo | llowing: | | | | |
| Jeff Kesling | | | | | | | |
| | Name of Person | · · · · · · · · · · · · · · · · · · · | - | | | | |
| Keys' Meads | | | | | | | |
| | Firm/Company | | - | | | | |
| 217 Gasparil | a Dr | | | | | | |
| | Address | | - | | | | |
| Key Largo, F | _ 33037 | | | | | | |
| | City/State and Zip Code | | - | | | | |
| keysmeads@ | gmail.com | | | | | | |
| E-mail add | ress: (to be used for future and | ual report notifica | ation) | | | | |
| For further info | mation concerning this matter, | please call: | | | | | |
| Jeff Kesling | | 609 at (| 744 4957 | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | |
| Registra Division Clifton 2661 E | T/COURIER ADDRESS: ution Section of Corporations Building teentive Center Circle ssee, Florida 32301 | Regis Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 | | | | |
| Enclos | sed is a check for the following amount: | | | | | | |
| ☑ \$25 | Filing Fee | \$ 55 | Filing Fee & Certified Copy | | | | |
| INHS18 (2/14) | | | | | | | |

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

| rioriae | 1. | | | | | | | | |
|-------------------------------|--|---|---|--|---|-----------------------------------|--|--|--|
| t. Na | ime of the | imited liability company: Keys' Meads, | LLC | | 192.7 | | | | |
| 2. (a) | 99353 o | overseas hwy suite 11&12 | | (b) 99353 overseas hwy suite 11&12 | | | | | |
| _ | Prir | cipal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | | |
| | Key La | go FL, 33037 | _ | Key Larg | o FL, 33037 | | | | |
| | | | | | | | | | |
| | 12/29/2 |) 1914 | | L1400019 | 95605 | | | | |
| 3. | | ate of filing/registration in Florida | 4. | | Document number | | | | |
| 5. (a) | Incorp | ervices, inc | | | | | | | |
|). (u) | Registered | ed Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | | |
| | | | | | | سيد | | | |
| | - | Office Address (MUST BE FLORIDA STREET A | | හ <u>ස</u> | | | | | |
| | 1/888 | 67th court north | | | | 売 い。 | | | |
| | loxahal | chee FL | 33470 | | • | 70 | | | |
| | Jeff Kes | ling | | | | TD 1 | | | |
| (b) | | of NEW Registered Agent and/or NEW Registered (| Mice ada | trace: | | 2: 30 | | | |
| | 7,71(2) 14(11) | | | AT ESTA | | ب | | | |
| | | | | | | | | | |
| | | stered Office Address: | | | | | | | |
| | 217 Ga | sparilla Dr. | | | | | | | |
| | Key La | go, FL_ | 33037 | | | | | | |
| the cha agent v was/we | inge or cha vill be idea ere authori | ility company is not organized under the law nges are made, the Florida street address of tical. Or, in the case of a Florida limited liazed by an affirmative vote of the members of anization or the operating agreement of the l | s of the the regis bility co the lim | stered office impany, it is ited liability | e and the business offices s hereby confirmed that y company or as otherw | e of the registered the change(s) | | | |
| | 1//22 | | Jeff | rey S Kes | | | | | |
| - 77' | | ther or authorized representative of a member | | . ,. | Printed or typed name of si | | | | |
| provisi the obl to merc | ions of all ligations of elv reflect | he appointment as registered agent and agrestatutes relative to the proper and complete plant position as registered agent as provided a change in the registered office address, I have a change. | perform | ance of my i | duties, and I am familic | ar with and accept | | | |
| Signatu | DOLKensie | red Avent | | | | | | | |