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PICK-UP WAIT MAR							
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(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
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SECRETARY OF STATE 2023 SEP | 8 PM 2: 20

COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	Keys Motors, LLC						
BODGET.	Name of Limited Liability Company						
Dear Sir or !	Madam:						
The enclosed	d Registered Agent/Registered Of	fice Change and f	fee(s) are submitted for filing.				
Please return	n all correspondence concerning th	nis matter to the f	ollowing:				
Erik Day							
	Name of Person		-				
Keys Motors	, LLC						
	Firm/Company	·· <u></u> ·					
2300 NE 151	st ST						
	Address		_				
North Miami	, FL 3311						
	City/State and Zip Code		_				
eday@warrei	nhenryauto.com / jigonzalez@warren	henryauto.com					
E-mail	address: (to be used for future an	nual report notific	cation)				
For further i	nformation concerning this matter	, please call:					
Erik Day		305 at (690-6073				
	Name of Person	at (Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the following	g amount:					
= \$	25 Filing Fee	□ \$5.	5 Filing Fee & Centified 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.

1.	Na	me of the limited liability company: Keys Motors, LLC] 					
2	(a)	1618 N Roosevelt Blvd	((b) 2300 NE 151st ST				
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)	Mailing addre	ess of limited liability company: AY BE POST OFFICE BOX		
		Key West, FL 33040			North Miami, FL 3318			
		07/01/2016	_	I	L16000126277			
3.		Date of filing/registration in Florida Fodiman, Todd A, ESQ.	4.	_	Document	number		
5. ((a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of St 3225 Aviation Ave Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 301				- ::::::::::::::::::::::::::::::::::::		
		Miami FL	33133			FILED 2023 SEP 18 PM SECRETARY OF J		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				FILED 13 SEP 18 PH 2: 20 ECRETABY OF STATE		
		NEW Registered Office Address:						
		121 Alhambra Plaza, Suite 1505						
		Coral Gables, FL	33134					
cha age wa the	ange ent v s/we arti bignat bignat ovisi obl	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law at the proper and complete proper and co	vs of the register bility c f the linited Erice to accept for in	recommit I lia I li I lia I li I li I li I li I li I li I li I li	d office and the busine npany, it is hereby co ted liability company ability company. Day Printed or ty in this capacity. I further of my duties, and hapter 605, F.S. Or, 1	ess office of the registered infirmed that the change(s) or as otherwise provided in reped name of signee wher agree to comply with the I am familiar with and accept if this document is being filed		
noi	tifiec	ely reflect a charge in the registered office address, I h I in writing of this change. The of Registered Agent	егепу С	::Of	ngirm inai ine timitea :	наонну сотрану па <i>s vee</i> n		