116000170280

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity 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 | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: Keys Racquetball UC Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Joseph Arao Name of Person | | | | | | |
| Viers nacaretoal LLC Firm/Company | | | | | | |
| 171 Mood Ace Address | | | | | | |
| Tavernier, 6.33070 City/State and Zip Code | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Joseph Pardo at (305) \$53-1124 Name of Person Area Code & Daytime Telephone Number | | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| \$25 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.

| 1. Na | me of the limited liability company: Keys Ray | Cittle! | Hail C | lc' | | | |
|------------------------------|---|--|---|--|--|--|--|
| | 171 Hood AVR, Township & 33670 | | | 1-lood Ave | | | |
| 2. () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (+) | | Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Towerner Fr 33070 | | Towe | nier, Fu33070 | | | |
| | 9/12/2016 | - | Llac | XX 11 0980 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (a) | United States Composition Agents Registered Agent and Registered Office shown on the records of the | e Florida I | Dept. of State | : | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | Suite A | | | | | | |
| | TamponFL_ | NE E | <u> </u> | | | | |
| (b) | Toseph Paydo Enter name of NEW Registered Agent and/or NEW Registered O | office add | <u>ress</u> : | | | | |
| | 91882 Overseas Luy #3 | | | | | | |
| | NEW Registered Office Address: | | | ٤ | | | |
| | Unit8 | | | | | | |
| - | Tavarner FL | <u>3307</u> | σ | | | | |
| the cha agent v was/wo | mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and the control of the members of cless of organization or the operating agreement of the limited liability. | he regist pility cor the limit | ered office npany, it is ted liability ability com | and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in apany. | | | |
| | | | Josep | Printed or typed name of signee | | | |
| | nire of a member or authorized representative of a member | a to ant | | | | | |
| provisi the obl to mer | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have reting of this change. | e to act t performa for in Ci ereby coi | n this cape nce of my c hapter 605 nfirm that i | icity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been | | | |
| Signatu | of Registered Agent | | | | | | |