## L16000 210 619

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Special Instructions to Filing Officer:			

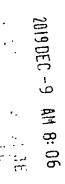
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## **COVER LETTER**

Division of Corporations  Keystone Land Partners LLC		
SUBJECT:	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ine Change on	d fac(s) are submitted for filing
Please return all correspondence concerning th	is matter to th	e following:
Michael Packman		
Name of Person	<del> </del>	<del></del>
Keystone National Properties LLC		
Firm/Company	<del></del>	
6800 Jericho Tumpike , Suite 120W		
Address		
Syosset, NY 11791		
City/State and Zip Code		
mp@knpre.com		
E-mail address: (to be used for future an	nual report no	tification)
For further information concerning this matter	r, please call:	
Kristopher Tung	212 at (	575-2152
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 followin	g amount:	
■ \$25 Filing Fee	0	\$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.

1. N	ame of the limited liability company: Keystone Nation	al Properties,	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6800 Jericho Tumpike Suite 120W		CARTINET HA - AND KIT LAW MANA
	Syosset , NY 11791		
	11/17/2016	L	16000210619
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Registered Agent and Registered Office shown on the records of Michael Packman  Registered Office Address (MUST BE FLORIDA STREE)		Dept. of State:
	6800 Jericho Tumpike Suite 120W		
	Syosset, I	FL_11791	2019 DEC
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Gabriel Alvarez - Daszkal Bolton LLP	ed Office add	- 9 - 1 - 2 - 3 - 4 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
	NEW Registered Office Address:		
	2401 NW Boca Raton Florida		
	Boca Raton	FL	<del></del>
chan	e limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an aftifunative vote of the member rticles of organization of the operating agreement of the company of the	he registered liability con s of the limithe limithed limited	d office and the business office of the registered
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee
I he prov the o to m notif	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and completely agent as provietly reflect a shange in the registered agent as provietly reflect a shange in the registered office address, fied in writing of this change.	agree to act i le performa ded for in C I hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Sign	ature of Registered Agent		