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COVER LETTER

| | Registration Section Division of Corporations | | |
|-------------|--|-----------|--|
| SUBJEC | KEY GROUP HOLDINGS, LLC | | |
| THE IMPLIE | | nited Li | ability Company |
| Dear Sir o | or Madam: | | |
| The enclo | osed Registered Agent/Registered Office Chan | ge and f | fee(s) are submitted for filing. |
| Please ret | turn all correspondence concerning this matter | to the f | following: |
| Robin Wi | llner, Esq. | | |
| | Name of Person | | _ |
| Saavedra- | Goodwin | | 2022 |
| | Firm/Company | | |
| 888 SE 3r | d Avenue, Suite 500 | | 2022 JUH -8 MH 10: 4-5 |
| | Address | | - 10: |
| Fort Laud | erdale, FL 33316 | | ^{5,1} 2. |
| | City/State and Zip Code | - | _ |
| salejo@sa | avlaw.com | | |
| E-m | nail address: (to be used for future annual repo | rt notifi | cation) |
| For furthe | er information concerning this matter, please c | all: | |
| Robin Wi | liner, Esq. at (| 954 | 767-6333 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| R D P | Aailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| F | Inclosed is a check for the following amount | t: | |
| ī | \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy |



August 24, 2022

ROBIN WILLNER, ESQ. SAAVEDRA-GOODWIN 888 SE 3RD AVENUE, SUITE 500 FORT LAUDERDALE, FL 33316

SUBJECT: KEY GROUP HOLDINGS, LLC

Ref. Number: L17000114341

We have received your document for KEY GROUP HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The New Registered Agent must sign the acceptance statement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 422A00018903

Saavedra-Goodwin - G13000085313

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. | Name of the limited liability company: KEY GROUP | P HOLDING | GS, LLC | | | | |
|--------------|--|---|--|---|---|-------------------------------------|------------------------------------|
| 2. (a | KEY GROUP HOLDINGS, LLC | | (b) KEY GRO | OUP HOLDINGS, LLC | | | |
| • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | : | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | 851 Broken Sound Parkway, Suite 115 | | 104 MEDI | TERRANEAN WAY | | | |
| | Boca Raton, Fl. 33486 | | INDIAN H | IARBOUR BEACH, F | L 32937 | 7 | |
| | 05/23/2017 | | L170001143 | 41 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | | _ |
| 5. (| a) | | | | | | |
| | Registered Agent and Registered Office shown on the record | ls of the Flori | da Dept. of State | : :: | | | |
| | KEY Group Corporate Services, Inc. | | | | | 2022 JUH | |
| | Registered Office Address (MUST BE FLORIDA STRE | ET ADDRE. | SS) | - | 7.7 | ال 2 | چوم۔ و کیا |
| | 104 MEDITERRANEAN WAY | | | | 77 | :==: ! | |
| | INDIAN HARBOUR BEACH | . FL_32937 | | | · : | တ | مدس. الله |
| (t | n) | | | | | Mi 10: 45 | , 252, 123, |
| , | Enter name of NEW Registered Agent and/or NEW Registered | ered Office : | <u>ıddress</u> : | - | ٠. | 2 | |
| | Saavedra-Goodwin | | | | | | |
| | NEW Registered Office Address: | | <u>.</u> | | | | |
| | 888 SE 3rd Avenue, Suite 500 | | | | | | |
| | Fort Lauderdale | . FL_33316 | | | | | |
| agen was/ | 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 affirmative vote of the membe rticles of organization or the operating agreement of | the registed liability of ers of the li | red office and company, it is mited liability | I the business office of hereby confirmed the company or as other | of the r | egister | ed (s) |
| | Kathleen yonce | Ka | ithleen E. Yond | e | | | |
| Sig | nature of a member or authorized representative of a member | _ | | Printed or typed name of | fsignee | _ | |
| the o | reby accept the appointment as registered agent and isions of all statutes relative to the proper and complebility of my position as registered agent as proverely reflect a change in the registered office address and in writing of this change. | agree to ac lete perforn ided for in t, I hereby c | et in this capa nance of my d Chapter 605, confirm that t | city. I further agree luties, and I am famil F.S. Or, if this doct he limited liability co | to com 'iar wit, iment i, impany | ply with and c s being has be | th the accept a filed sen |

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25,00