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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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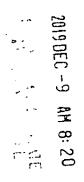
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COVER LETTER

Division of Corporations									
SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter	to the following:								
Michael Packman									
Name of Person									
Keystone National Properties LLC									
Firm/Company									
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 annual repo	ort notification)								
For further information concerning this matter, please	call:								
Kristopher Tung	212 575-2152								
Name of Person	Area Code & Daytime Telephone Numbe								
Mailing Address: Registration Section	Street Address: Registration Section								
Division of Corporations	Division of Corporations The Centre of Tallahassee								
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
Enclosed is a check for the following amoun	nt:								
■ \$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.

1.	Nar	ne of the limited liability company: Keystone Land P	artners L	LC				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 6800 Jericho Tumpike Suite 120W	((b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				:
		Syosset, NY 11791						
				L1700019	3809			
3.		Date of filing/registration in Florida	4.		Document number	Г		
5.	(a)	Registered Agent and Registered Office shown on the records of Michael Packman Registered Office Address (MUST BE FLORIDA STREE) 6800 Jericho Tumpike Suite 120W			iale:		29	
	(L)		FL_11791				2019 DEC -9	: g
	(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office	address:			A.	ំ ។ ផ្ទ
		Gabriel Alvarez - Daszkai Bolton LLP					8: 2	
		NEW Registered Office Address:				řπ	.0	
		2401 NW Boca Raton Florida						
		Boca Raton	FL_3343	\	- -			
li c a v t	f the hang gent vas/v	limited liability company is not organized under the se or changes fre made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	the regis I liability rs of the the limit	the State of tered office company, limited liab ed liability (Michael Pacl	it is hereby confirmed in the company or as company.	confirmed fice of the ed that the otherwise	i that a registe change provide	fter the red c(s) ed in
-	Sign	nature of a hember or authorized representative of a member	-		Printed or typed na	une of signe	2	
	l her provi he o to me notifi	reby accept the appointment as registered agent and isions of all statutes relative to the proper and complete bligations of my position as registered agent as proverely reflect a change in the registered office addressied in writing of this change.	agree to ele perfo ided for i, I hereb	act in this (rmance of) in Chapter y confirm to	capacity. I further a my duties, and I am j 605, F.S. Or, if this hat the limited Ilabil	gree to co familiar w document ity compa	mply w ith and is bein ny has	ith the laccept ng filed been
•	Sign	ature of Registered Agent						

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00