

Division of Corporations

L17000193809  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : SINGLEFILE TECHNOLOGIES  
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Phone : (800) 391-9869  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE  
KEYSTONE LAND PARTNERS LLC

Certificate of Status	0
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2022 DEC -5 PM 5:40  
CLERK OF STATE  
TALLAHASSEE, FL

2022 Dec -5 PM 4:51

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Corporate Filing Menu

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C. BRUMBLEY

DEC - 5 2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEYSTONE LAND PARTNERS LLC  
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:

Chris Inzana

Name of Person

SingleFile Technologies Inc.

Firm/Company

113 Cherry St., S.E. #70875

Address

Seattle, WA 98104

City/State and Zip Code

support@singlefile.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Inzana

800

391-9869

at ( )

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 following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified 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. Name of the limited liability company: KEYSTONE LAND PARTNERS LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
350 JERICHO TURNPIKE SUITE 302  
JERICHO, NY 11753
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
350 JERICHO TURNPIKE SUITE 302  
JERICHO, NY 11753
3. Date of filing/registration in Florida 09/18/2017
4. Document number L17000193809
5. (a) GABRIEL ALVAREZ-DASZKAL BOLTON LLP  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2401 NW BOCA RATON FLORIDA  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
BOCA RATON, FL 33431
- (b) Registered Agents Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th Street N, Suite 300  
NEW Registered Office Address:  
St. Petersburg, FL 33702

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 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Michael Packman

Michael Packman

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

*Bill Hume*

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00