117000) 244 268

(Requestor's Name)						
(Ac	ldress)					
(Ac	idress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	usiness Entity Nar	ne)				
(Document Number)						
Certified Copies Certificates of Status						
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: REY PAN LLC							
	mited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matte	er to the following:						
OSCAR G. OSUNA Name of Person Addition							
Firm/Company 6270 SW 18TH C+ Address							
NORTH LAUDERDALE FL. 33068 City/State and Zip Code	3						
E-mail address: (to be used for future annual rep	ort notification)						
For further information concerning this matter, please	call:						
OSCAR OSUNA at (954) 2743822 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	☎ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparable submits the following statement in order to change its registered office or registered agent, or both, in the State Florida

rioriad	ı.		\cap			
1. Na	me of the limited liability company:	KEY	PAN	LLC	<u>-</u> .	
2. (a)	11420 FORTUVE CIRCLE #22	<u></u>	(b) $\sqrt{2}$ 20	ODART M	100K JR	
. , ,	Principal office address of limited liability composition (Note: MUST BE STREET ADDRESS)			Mailing address (Note: MAY)	of limited liabili BE POST OFF	
	WELLINGTON FL 3341L	<u> </u>	_ WE	lington	F(3:	3414
			1.			
	10/29/2017			7000 24	4268	
3.	Date of filing/registration in Florida			Document n	umber	
5. (a)	UELIA M. ROMÍ) 				
	Registered Agent and Registered Office shown on the re	ecords of the Fl	orida Dept. of St	rate:		
	12260 DARTMOOR DR				19 SE	
	Registered Office Address (MUST BE FLORIDA S	STREET ADDI	RESS)		AUG LAHE	
			<u> </u>		元 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	WEllip G TON	, FL <u>3</u>	3414		1985.	i.u
		, 1 13 <u></u>			AM 9: 25 OF STATE E. FLORID	Ö
(b)	DSCAR G. USUNA		<u> </u>		# 9: 25 FLORIDA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	legistered Offic	e address:		වි⊂ හි	
	0070 - 1 10 D- 1. 1		-, 270/	′ <i>(</i> 2)		
	62705W 18TH CT NORTH LOW	DENDALE 1	-L 3306	<u>8</u>		
	NEW Registered Office Address:					
		··-				
		, FL				
If the li	imited liability company is not organized unde	er the laws of	f the State of 1	Florida, it is he	reby confirm	ed that after
agent v	nge or changes are made, the Florida street ad vill be identical. Or, in the case of a Florida li	imited liabili	tv company, i	t is hereby conf	firmed that th	e change(s)
was/we	ere authorized by an affirmative vote of the me cles of organization or the operating agreemen	embers of the	e limited liabi	lity company o	r as otherwise	e provided in
(Lilau heli Romo		iod naomicy o	Printed or type	OMC	
Signa	ture of a member or authorized representative of a memb		<u> </u>	Printed or type	ed name of sign	
l herei provisi the obl to mere notified	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ely reflect a change in the registered office ad I in writing of this change.		o act in this co formance of m in Chapter 6 by confirm th	apacity. I furth ny duties, and I 05, F.S. Or, if at the limited li	er agree to c am familiar this documer ability compo	omply with th with and acce it is being file any has been
Signatu	re of Revisiered Agent					