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COVER LETTER

TO: **Registration Section Division of Corporations**

Lil Keyholding LLC SUBJECT:

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:

ustin Madde

LL Creations LLC Firm/Company

3227 Oyden Dr.

Mulberry, FL 33860

Austin @lockedin lust. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Awtin Madore at 954, 319-0566 Nome 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

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.

Key holding L(t)Name of the limited liability company: ١. 52 2. (a) _____ (b) Principal office address of limited liability company: Mailing address of Imited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 33860 33860 2014 filing/registration in Florida Document number 3. United Sterks Ur Duration in Agen 5, 5. (a) Registered Agent and Registered Office shown on the records of the Flo STE 36 Semoran Blud, (MUST BE FLORIDA STREET ADDRESS) Registered Office Address .FL 32822 Orlando Creations LLC. 11 (b)Enter name of NEW Registered Agent and/or NEW Registered Office address: 3227 Carle NEW Registered Office Addres FI 3386 ට Mulberry 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. Printed or typed name of signee Signature of a member or authorized representative of a member Thereby 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 charge in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Acon

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