## 12000339433

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
TIONE THAT					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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## **COVER LETTER**

	egistration Section ivision of Corporations					
SUBJEC <sup>*</sup>	Keystone Air & Heat LLC					
Name of Limited Liability Company						
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this matter to the	following:				
Roger W V	Veber					
	Name of Person	<del>_</del>				
Keystone .	Air & Heat LLC					
	Firm/Company					
5075 Sage	brush Ave					
	Address	<del></del>				
Keystone	Heights, FL 32656					
-	City/State and Zip Code					
janiswebe	r51@gmail.com					
E-m	nail address: (to be used for future annual report notif	ication)				
For further	er information concerning this matter, please call:					
JA	UIS WEBER at 904	,612.0457				
	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address:	Street Address:				
	Registration Section Division of Corporations	Registration Section Division of Corporations				
	2.O. Box 6327	The Centre of Tallahassee				
Τ	Fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	Enclosed is a check for the following amount:					
5	S25 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.

Na	me of the limited liability company: Keystone Air & F	Heat LLC		
(a)		Œ	o)	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5075 Sagebrush Ave			
	Keystone Heights FL 32656			
	08/07/20		L20000239	9438
	Date of filing/registration in Florida	— 4.		Document number
	Janis C Weber			
. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	S)	_
	5075 Sagebrush Ave			
	Keystone Heights, F	L 32656		T OC TANK
(b)	Roger W Weber			2022 OCT 26 SECRETAR
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	
	5075 Sagebrush Ave			2 8 5 5 S
	NEW Registered Office Address:			
	5075 Sagebrush Ave			
	Keystone Heights	32656		
hange gent vas/w he art	limited liability company is not organized under the last or charges are made, the Florida street address of the will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members idles of organization of the operating agreement of the authorized member or authorized representative of a member	ne registe liability c s of the line le limited	red office a company, i mited liabi	t is hereby confirmed that the change(s) lity company or as otherwise provided in
l here provis the ob to men notifie	the accept the appointment as registered agent and a cions of all statutes relative to the proper and complet ligations of my position as registered agent as provided rely reflect a change in the registered office address, and it writing of this change	gree to ac te perform led for in I hereby	ct in this co nance of m Chapter 6 confirm th	angeity. I further garee to comply with the