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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE AMERICAN KEY, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

T. LEMIEUX

APR - 6 2023

Help

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. Na	me of the limited liability company: American	key, l	LC					
2. (a)		(b)_						
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	7901 4th St N STE 300	7901 4th St N STE 300						
	St. Petersburg, FL 33702	_ <u>s</u>	t. Peter	sburg, FL 337	'02			
	04/08/22	L	22000	0170651				
3.	Date of filing/registration in Florida	4.		Document numb	er			
5. (a)	INC AUTHORITY RA							
. (u)	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:					
	Registered Office Address	INDECO						
	<u> </u>	DDKE.SS)						
	390 NORTH ORANGE AVE., STE 2300-N							
	ORLANDO	32801						
(b)	Registered Agents Inc				-			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>ss</u> :	ؿ:	; 	202		
	7901 4th St N				•	2023 AFT	-	
	NEW Registered Office Address:				•	Ġ	;=	
	STE 300					-10 -11		
	St. Petersburg , FL	33702) (1860) (1860)	l: 50		
signa I here provise the object to mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable end authorized by an affirmative vote of the members of icles of organization or the operating agreement of the live of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is a provided that the proper is consistent of this change. David Roberts - Assistant	the register ability complete limited liable limited liable liabl	red office pany, it is diability com RO this capa be of my a system 605, irm that t	and the busines hereby confirm company or as pany. OBIN JONES Printed or typed no	s office ed that i otherwi	of the the cha se pro	registered inge(s) vided in	

Signature of Registered Agent