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P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088 For any issues please contact Chevanne Davis

Date:	07/18/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference	2440577	
Entity Nam	ne:KELLER VENTURES LI	.c
☐ Arti	icles of Incorporation/Authorization to Transact Busin endment ange of Agent instatement	
_	rger	
☐ Fict	solution/Withdrawal titious Name ner	
Authorized	d Amount: \$25.00	

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	une of the limited liability company: KELLER	NEN	TURE	S LLC			
2. (a)	27 BURLING WAY JACKSONVILLE BEACH, FL 32250	<i>t</i> h	(b) 27 BURLING WAY JACKSONVILLE BEACH, FL 3225				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				· •
	3131 Camino Del Rio N Suite 1100	3131 Camino Del Rio N S				00	
	San Diego, CA 92108		San Die	an Diego, CA 92108			
	June 6, 2022		ı	L2200025758	35		
3.	Date of filing/registration in Florida	4.		Document n	umber		
5. (a)	Adam Keller						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:			
	27 Burling Way						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	Ţ	_			
					ĬŽ:	202	
	Jacksonville Beach FI	32250	32250 ALLAHASSEE, FLORIDA Office address:				<u>;_</u> ;
(b)	COGENCY GLOBAL INC.				SSEE	19	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	<u>二</u>	<u> </u>	
	115 North Calhoun St., Suite 4				. ORIO	AM 10: 43	
	NEW Registered Office Address:			_	A		
	Tallahassee E1	32301		_			
	, FI	·		_			
the cha agent v was/wi the app	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the present of the control of the control of the control.	f the regis ability co of the lim	tered offic mpany, it: ited liabili iability cor	e and the busi is hereby conf ty company or	iness of irmed t r as othe	fice of hat the erwise p	the registered change(s) provided in
<u> Ziāug</u>	athre of it heinber or authorized representative of a member			Printed or typed name of signee			
provisi the obl to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performe d for in C hereby co	in this cap mee of my hapter 60 mfirm that	pacity. I furth duties, and I 5, F.S. Or, if the limited lid	er agree am fam this doc ability c	e to con iliar wi ument compan	nply with the th and accept is being filed y has been
	mothy Mayville						
Signatu	re of Registered Agent	<u> </u>					

Tlmothy Mayville, Assistant Secretary

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

INHS18 (2/14)