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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ហ

Account Name: REGISTERED AGENTS INC.

Account Number: I20090000081
Phone: (307)200-2803
Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future

Email Address:

## LLC REGISTERED AGENT CHANGE KEY WEST FLY COMPANY LLC

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## 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.

i. Na	ame of the limited liability company: $\overline{KEYV}$	<u>VEST F</u>	<u>LY COMPANY L</u>	<u>.LC</u>
2. (a)		(b)		
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability co	
	05/03/23	  L2	23000219412	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC	<u>_</u>		
5. (a)	Registered Agent and Registered Office shown on the records of		of State:	
	AGE DIVERGING AND	•		
	476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		
	JACKSONVILLE , F	L_32202	·····	
	Registered Agents Inc			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ad Office address:		2
	Early manic of Provinces Constitution and Constitution an	ed Office address.		2
	7901 4th St N			2023 ; >
	NEW Registered Office Address:			( က -
	STE 300			
	<u> </u>			بي بي
	St. Petersburg	L33702	· · · · · · · · · · · · · · · · · · ·	 3D
the cha agent w was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address civill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the State of the registered liability compar s of the limited l	e of Florida, it is hereby confirmed the doffice and the business office of the ny, it is hereby confirmed that the chall liability company or as otherwise pro	registered ange(s)
<u> </u>	ture of a member or authorized representative of a member		Robin Jones	
		المداعة والمعاملة	Printed or typed name of signee	حطفطوني ررا
provision the obli to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid By reflect a change in the registered office address, I I in writing of this change.	gree to act in the e performance of led for in Chapt I hereby confirn	is capacity. I jurther agree to compl of my duties, and I am familiar with i er 605, F.S. Or, if this document is b in that the limited liability company h	y with the and accept being filed as been
T	David Roberts - Assistan	nt Secretary		

Signature of Registered Agent