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(((H24000079809 3)))



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From:			ל
	Account Name	: DELOACH, HOFSTRA & CAVONIS, P.A.	ა
	Account Number	: 119990000123	D
	Phone	: (727)397-5571	2
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	Email Address: KAREN@DHCLAW.C				
_	REGISTERED AGENT CHANGE KELLER'S AUTOMOTIVE SERVICES, INC.				
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FACSIMILE AUDIT NO.: H24000079809 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: KELLER'S AUTOMOTIVE SERVICES, INC.

2. The principal office address: 6390 SEMINOLE BOULEVARD, SEMINOLE, FLORIDA 33772

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 11/08/1989 Document number: L28924
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

KAREN BOCK

	10716 64TH AVENUE		2021	
	SEMINOLE FL 33772		ZHFE	-17
6. The name and (if changed):	ne and street address of the new registered agent (if changed) and /or registered o ged): DeLOACH, HOFSTRA & CAVONIS, P.A.		828 A	F FT
			AM 10:	C
	8640 SEMINOLE BLVD.		04 4	
	P.O Box NOT acceptable			

SEMINOLE FL 33772

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Karen K Keller

Signature of an officer or director

KAREN K. KELLER Printed or typed name and title

I hereby 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Goight Mr. Manphy

Signature of Registered Agent

FEBRUARY 28, 2024

Date

If signing on behalf of an entity:

JOSEPH M. MURPHY, ESQUIRE

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)