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## **COVER LETTER**

TO: Registration Section

Division of Corporations	•					
Key Biscayne Holdings, L.C.	Key Biscayne Holdings, L.C.					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this r	matter to the following:					
DAVID C. LAVALLE						
Name of Person						
ZIPRIS LAVALLE, P.A.						
Firm/Company						
12000 BISCAYNE BOULEVARD, SUITE	401					
Address						
NORTH MIAMI, FL 33181						
City/State and Zip Code						
paralegal10@ziprislaw.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	lease call:					
DAVID C. LAVALLE	305 899-2023					
Name of Person	Area Code & Daytime Telephone Numbe					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee. Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following am	nount:					
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
NHS18 (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.

1. N	ame of the limited liability company: KEY BISCAY	NE HO	LDING	S, L.C.	
2. (a)	785 CRANDON BLVD	(t	, 200 S	. BISCAYNE BLVD	
( <b>u</b> )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	''		Mailing address of limited lia (Note: MAY BE POST OF	
	#1004	_	SUITE	3900	
	KEY BISCAYNE, FL 33149		MIAM	I, FL 33131	<u> </u>
	03/28/2019		L98000	0000457	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	WILLIAM MCCAUGHAN, ESQ				
(4)	Registered Agent and Registered Office shown on the records of a 200 S. BISCAYNE BLVD	the Florida	Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREET A		Ŋ		19
	SOUTHEAST FINANCIAL CENTER, SUITE	3900			i
	MIAMI	33133			
(b)	DAVID C. LAVALLE, ESQ			<del>_</del>	<u> </u>
(-)	finter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	~ <del>~~</del>	
	12000 BISCAYNE BLVD				3 1
	<u>NEW</u> Registered Office Address:				
	SUITE 401				
	NORTH MIAMI , FL	33181	<u> </u>		
he chai gent w vas/wei	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	the regi ability co of the lin	stered of ompany, nited liab	fice and the business office it is hereby confirmed that ility company or as others	te of the registered the change(s)
	711 - II			JORGE BENACERI	RAF
Signate	are of a member or authorized representative of a member	•		Printed or typed name of s	signec
rovisione obligatione obligati	y accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ee to ac perform d for in hereby c	t in this c nance of i Chapter confirm ti	capacity. I further agree t my duties, and I am famili 605, F.S. Or, if this docu hat the limited liability co	o comply with the ar with and accept ment is being filed mpany has been
ignatur	APRegistered Agent				

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