

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	→ #)		
PICK-UP	☐ WAIT	MAIL		
. (Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:	Solution		
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Office Use Only



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SECHOLOGICA SIGNE



January 23, 2006

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: KEY FORD, LLC

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #10286 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons

Registered Agent Services

Enclosures

PO BOX 1831 AUSTIN, TX 78767

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the bid	•	VEV 5000 II 0			
1. The name of the limit	ed liability company is: _	KEY FORD, LLC			<u></u> .
2. The mailing address of	of the limited liability com	pany is :			
950 Echo Lane, Ste	e. 100, Houston, TX 7	7024			
1/7/2003		M0300000053	3		
3. Date of filing/registra	tion in Florida	4. Document number			_
5. The name of the regist Florida Department of	ered agent and the register State:	red office address as shown on the	e records of th	ne	
•	C T Corporation Sy				
	1200 South Pine Isla	Name			
		ddress	= -	0	
	Plantation, FL 3332		£85	6 7	
	City, St	ate and Zip		7.5	
6. The name and address	of the new registered ager	nt and/or office:	\$2.5 \$4.5	<u>—</u>	
	Capitol Corporate Se	ervices, Inc.	HASSEE, CLORIDA	94:1 K3 18 NVP 90	1
	Na	me	SE		
	1333 North Duval S	- · · · · · · · ·		5	
	Florida street address (P.O. Box NOT acceptable)			
	Tallahassee	FL 32303			
	City, Stat	e and Zip			
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement.	hange or changes are mad	der the laws of the State of Florid e, the Florida street address of the be identical. Or, in the case of a Florida street authorized by a otherwise provided in the articles apany.	registered of	fice	of
Reth Subley	V				
(Printed or typed/name of signee					
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agents of all statutes relative to additions of accept the obligations of this document is being file that the limited liability of	nt and agree to act in this capacity of the proper and complete perform of my position as registered agent of to merely reflect a change in th company has been notified in writ	v. I further ag nance of my a as provided fo e registered o ing of this chi	gree to luties, or in office inge.)
(Signature of Registered Agent)	Delanie Case, Asst. Sec	<u>3.</u>			

Division of Corporations, P.O. Box 6327, Tallahassee, FL $\,$ 32314

INHS18(10/99)

FILING FEE: \$25.00