

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(De	cument Number)	
(50	cument number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA 13 SEP 16 PH 4:57

SEP 24 ZUIS D. BUTLER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ellen Rosaio erosaio@cscinfo.com

Date: September 13, 2013

Order#: 786590-020

Re: KEATS, CONNELLY AND ASSOCIATES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ellen Rosaio

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

13 SEP 16 PH 4: 57

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.

450, 0. 00	, in the Brate of Frontain		
1. Name of th	ne limited liability company: KEATS, CONN	IELLY AND ASSOCIATES, LLC	
2. (a) Princip (<i>Note</i> .	oal office address of limited liability compares: MUST BE STREET ADDRESS)	ny: 3336 N. 32nd Street, Suite 100 Phoenix, AZ 85018	
	g address of limited liability company: : MAY BE POST OFFICE BOX)	3336 N. 32nd Street, Suite 100 Phoenix, AZ 85018	
12/24/2008		M08000005538	
3. Date of fili	ing/registration in Florida	4. Document number	
5. (a) Regist	tered Agent and Registered Office shown or	r v	
Regist	ered Agent:	Levine, David H	<u>~~</u> \$
Regist	ered Office Address:	1880 N. Congress Avenue Suite 302 Boynton Beach, FL 33426	OF STATE C. FLORIDA
(b) Enter r	name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	,,,
<u>NEW</u>	Registered Agent:	Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street	
		Tallahassee ,FL 3230	<u> </u>
confirmed tha and the busine liability comp the members of the operating	liability company is not organized under the after the change or changes are made, the ess office of the registered agent will be ide any, it is hereby confirmed that the change of the limited liability company or as otherwagreement of the limited liability company. There or authorized representative of a member	Florida street address of the registered of ntical. Or, in the case of a Florida limited is) was/were authorized by an affirmative vise provided in the articles of organization.	ffice d vote of
Dona Priebe, A	Authorized Person name of signee	<u> </u>	
	ept the appointment as registered agent and the provisions of all statutes relative to the plicar with and accept the obligations of my plicar. Or, if this document is being filed to he eby confirm that the limited liability company.	agree to act in this capacity. I further a proper and complete performance of my consition as registered agent as provided in the registered constituted constituted in the registered constituted con	gree to luties, or in office ange.
By: Signature of Rep		Sylvia Oucopet, Assistant Vice Presid	ent

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