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Toz

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| tmo i l | Address: | | - |
|---------|----------|-----|---|
| | | · _ | |
| | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEYSTONE DIGITAL, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25,00 |

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DIVISION OF CORPORATION

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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | |
|---|--------------------------------------|--|--|--|--|--|--|--|
| · | | | | | | | | |
| SUBJECT: Keystone Digital, LLC | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | | |
| | | | | | | | | |
| A Frederick | | | | | | | | |
| Name of Person | | | | | | | | |
| Harbor Compliance | | | | | | | | |
| Firm/Company | | | | | | | | |
| 1830 Colonial Village Ln | | | | | | | | |
| Address | | | | | | | | |
| | | | | | | | | |
| Lancaster, PA 17601 | | | | | | | | |
| City/State and Zip Code | | | | | | | | |
| AP@keystonedigital.com | | | | | | | | |
| E-mail address: (to be used for future annua | report notification) | | | | | | | |
| For further information concerning this matter, pl | ease call: | | | | | | | |
| A Frederick | at (717) 294-0463 | | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | | |
| 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 amount: | | | | | | | | |
| \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | | | |
| INHS18 (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. | Na | me of the limited liability company: Keystone [| Digita | I, LLC | | | | |
|------|-----|--|--------|--|-----------------|--|--|--|
| 2. (| a) | | (| (b) | | | | |
| ` | , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1348 W Liberty Ave | | | | |
| | | 1348 W Liberty Ave | _ | | | | | |
| | | Ozark Missouri 65721 | | Ozark Missouri 65721 | | | | |
| | | 12-10-2010 | | M10000 | 0005476 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | | | |
| 5. (| (a) | | | | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | |
| | | NRAI SERVICES, INC | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET) | | | | | | |
| | | 1200 South Pine Island Road | | | | | | |
| | | Plantation FL | 33324 | 1 | | | | |
| | | | | | 2023 | | | |
| (b) | | Enter name of NEW Registered Agent and/or NEW Registered | | | | | | |
| | | Registered Agents Inc | i S | | | | | |
| | | NEW Registered Office Address: | -m (^ | | | | | |
| | | 7901 4th St N Ste 300 | | | | | | |
| | | St. Petersburg | 3370 | 2 | | | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John J Ghirardelli-Manager Signature of John J. Ghirardelli
Signature of John Statistical representative of a member Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent