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D. BRUCE SEP 21 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KEYCREST ENTE Name of Limited	RPRISES, LLC Liability Company	_
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Thomas M. BROU	<u>on</u>	
KEYCrest Enterps	nises, LLC	12 SEP 20
808 3rd Ave W	STE 503	20 AM 10: 1,2
BRADENTON, FL City/State and Zip Code	<u>3</u> 4205	: 1,2
E-mail address: (to be used for future annual report nonffication	crest. com	
For further information concerning this matter, plea		
Thomac M. Brown at (7)	203 300 - 87 18 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	unt:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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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.

y ,	
1. Name of the limited liability company:KEY C	rest Enterprises, LLC
2. (a) Principal office address of limited liability comp	$=$ \sim
(Note: MUST BE STREET ADDRESS)	Bradenton, FL 34205
(b) Mailing address of limited liability company:	KEYCrest Enterprises
(Note: MAY BE POST OFFICE BOX)	BRADENTON, FL 3
OI/II/2012 3. Date of filing/registration in Florida	M12 00 00 00 182 4. Document number
5. (a) Registered Agent and Registered Office shown	
	Business Filings Incorporation -
Registered Office Address:	JALLAHASSEE, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NEW Registered Office address: 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(MUSI BE FLUKIDA SI KEET ADDKESS)	BRADENTON ,FL 34205
If the limited liability company is not organized under a confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization
Thomas M. Brown Printed or typed name of signee	
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
Signature of Registered Agent	

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