

To:

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2024-08-17 06:47:22 UTC-14

9506176383

From: ZenBusiness Use

8/16/24, 12:44 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M2400002183

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((H24000275369 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : I20230000190

Phone : (844)449-3624

Fax Number : (512)597-0678

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
KEY INVESTMENT PARTNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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2024-08-17 06:47:22 UTC-14

9506176393

From: ZenBusiness User

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEY INVESTMENT PARTNERS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Serrano

Name of Person

ZenBusiness Inc

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

ra@zenbusiness.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Serrano

844

493-6249

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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 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. Name of the limited liability company		<u>KEY INVESTMENT PARTNERS LLC</u>	
2. (a)	<u>184 GOVERNORS LN NW</u> Principal office address of limited liability company (Note: <u>MUST BE STREET ADDRESS</u>) <u>AIKEN, SC 29801</u>	(b)	<u>184 GOVERNORS LN NW</u> Mailing address of limited liability company (Note: <u>MAY BE POST OFFICE BOX</u>) <u>AIKEN, SC 29801</u>
3. <u>02/20/2024</u> Date of filing/registration in Florida		4. <u>M24000002183</u> Document number	
5. (a) <u>UNITED STATES CORPORATION AGENTS INC</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>476 RIVERSIDE AVE.</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>JACKSONVILLE</u> , FL <u>32202</u>			
(b) <u>ZenBusiness Inc</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>336 E. College Ave, Suite 301</u> <u>NEW Registered Office Address</u> : <u>Tallahassee</u> , FL <u>32301</u>			

APPROVED
AND
FILED
2024 AUG 16 PM 12:51
TALLAHASSEE, FL

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.

Isi Martin Key

Martin Key

Signature of a member or authorized representative of a member

Printed or typed name of signer

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

Isi Martin Key
Signature of Registered Agent

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