## P02000107206

•		
c (Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<i>∍ #</i> )
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		İ

Office Use Only



400022311204

08/25/03--01037--014 \*\*35.00

SECRETARY OF SIJE
DIVISION OF CORPORATION

FRANSMITTAL LETTER

Secretary Stick

O: Amendment Section
Division of Corporations

SUBJECT: Key Properties Investments Incorporated

(Name of corporation)

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of person)

Enclosed is - \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

ζ,

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Ö

Pursuant to the provisions of sections 607.0502,	617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corpora	stion organized under the laws of the State of
in order to change its regis	stered office or registered agent, or both, in the State
of Florida.	+ 61x + 41
1. The name of the corporation:	peties 2 latestarents laco
2. The principal office address: 1001	Lake Oceson Pt.
Lakel	and Fr 32005
2 The small and describe 1965 and	
3. The mailing address (if different):	Same
4. Date of incorporation/qualification: 10/4	02 Document number: Po 2000 10726
5. The name and street address of the current regis	ered agent and registered office on file with the
Florida Department of State:	2
	283 AUG 25 53ec, Fr. 32301 25
12B1 H	aul St. E
-5-774	62 9
folio ka:	5.5ec, 71 32301 or g
6. The name and street address of the new regist	tered agent (if changed) and /or registered office (if 👱 💆
changed):	tered agent (if changed) and /or registered office (if ?
- R/M / CR	aney Or
1001 take	DEESON FT.
(P.O. Box or personal)	nsibox NOT acceptable)
- Lake hud	+1 33705
The street address of its registered office and the agent, as changed will be identical.	street address of the business office of its registered
	dopted by its board of directors or by an officer so
authorized by the board, or the corporation has be	II' AARII' TO.
Signature of an officer, chairman of vice chairman of the board)	(Printed or typed hame and trip)
I hereby accept the appointment as registered age I further agree to comply with the provisions of a performance of my duties, and I am familiar with registered agent. Or, if this document is being fil office address, I hereby confirm that the corporat	ii statules relative to the proper and complete and accept the obligation of my position as
registered agent. Or, if this document is being file office address. I have by confirm that the corooral	ed merely to reflect a change in the registered
X Km Me Vi	◆ 0115103
(Signature of Rogistered Agents)	(Cata)
If signing on behalf of an entity:	
(Typed or Printed Nume)	(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314