## P06006162759

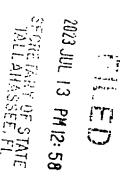
(Re	questor's Name)		
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23 2023

## COVER LETTER

Amendment Section Division of Corporations

TO:

Vous Daviane Inc	
SUBJECT: Keen Designs Inc Name of Corporation	
DOCUMENT NUMBER: P06000102759	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Christopher M. Barber	
Name of Contact Person	
Rose Grasch Camenisch Mains PLLC	
Firm/Company	<del></del>
326 S Braodway	
Address	
Lexington, KY 40508	
City/State and Zip Code	
Accounting@iwgproxluctions.co	m
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	ase call:
Christopher M. Barber	at (859 )721-2100  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Flo inge is submitted for a corporation organized under the laws of the Stat	te of Florida		
	er to change its registered office or registered agent, or both, in the Stat	e of Florida.		
1. The name of	the corporation: Keen Designs Inc	<del></del>		
2. The principal	office address: 6790 Cross Bayou Drive, Seminole, FL 33777		<del></del>	
3. The mailing a	address (if different): 500 Westover Dr #19046, Sanford NC, 27330			
	poration/qualification: August 1, 2006 Document number: P06	000102759		
	d street address of the current registered agent and registered office on f rtment of State: (If resigned, enter resigned)	ile with the		
	Shawn Keeny	<del></del>		
	10324 60th Circle North			
	Pinellas Park, FL 33782			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or register	ed office??	2023 JUL 13	¥(**
	Rodney Waldrip		=	er in each
	6790 Cross Bayou Drive			
	P.O. Box NOT acceptable	S III	PH 12:	
	Seminole, FL 33777	F	?: 58	
The street address changed will	ess of its registered office and the street address of the business office be identical.	of its regis	tered a	agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or be board, or the corporation has been notified in writing of the change	y an officer e.	so	
P.	Ryan Palmer, President			
Signatu	tre of an officer or director Printed or typed name	e and title		
I further agrée of my duties, ar document is bei	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as reging filed merely to reflect a change in the registered office address, I speen notified in writing of this change.	v. d complete j stered agen hereby conf	perfori t. Or irm th	mance if this rat the
1 h/d/	nature of Registered Agent	5		
	chalf of an entity:			
7 T	yped or Printed Name			

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