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Amendment Section

COVER LETTER

TO:

Division of Corporations

SUBJECT: COMMENCE INVESTMENTS CORP
Name of Corporation

DOCUMENT NUMBER: P12000094038

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:

HERNAN GAMBERTOGLIO
Name of Contact Person
ONE KEY PROPERTY MANAGEMENT LLC

Firm/Company
1100 BRICKELL BAY DR # 310546

Address
MIAMI FL 33231
City/State and Zip Code

For further information concerning this matter, please call:

Name of Contact Person

info@onekeypmllc.com
E-mail address: (to be used for future annual report notification)

SILVIA APONTE

at (305

440-9834

Area Code & Daytime Telephone Number

Enclosed is a \$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
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 change is submitted for a	c 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this a corporation organized under the laws of the State ofered office or registered agent, or both, in the State of Florida.		
 The name of the corporation: COM The principal office address: 1100 F 	IMENCE INVESTMENTS CORP BRICKELL BAY DR # 310546. MIAMI FL 33231		
4. Date of incorporation/qualification	: Document number: P12000094038		
	current registered agent and registered office on file with the		
GERSTLE MARK			
2630 NE 203rd. Suite	: 104		
AVENTURA FL 331	AVENTURA FL 33180 20		
6. The name and street address of the (if changed):	new registered agent (if changed) and /or registered office		
ONE KEY PROPERT			
1100 BRICKELL BA	TY MANAGEMENT LLC LY DR # 310546.		
MIAMI FL 33231	P.O. Box NOT acceptable		
The street address of its registered o as changed will be identical.	ffice and the street address of the business office of its registered agent		
Such change was authorized by reso authorized by the board, or the corporation	olution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.		
Gabriel tagle	Gabriel Tagle		
Signature स्वायक प्रतिदेश or director	Printed or typed name and title		
i further agree to comply with the hi	registered agent and agree to act in this capacity. rovisions of all statutes relative to the proper and complete performanc and accept the obligation of my position as registered agent. Or, if thi flect a change in the registered office address, I hereby confirm that the ting of this change.		
Hernan gambertood	6/1/2020		
Signature of Megastered Agent	Date		
If signing on behalf of an entity:			
Hernan gambertoglio)		
Typed or Printed Name			
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)