

P130000018431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

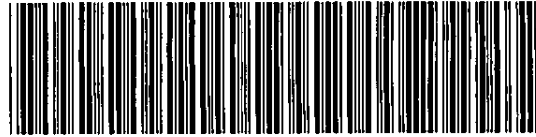
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200246541452

04/12/13--01009--017 **35.00

FILED
13 APR 12 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 18 2013

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEY MEDIATION INC.

Name of Corporation

DOCUMENT NUMBER: P13000018431

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:

AUGUSTO EGOAVIL

Name of Contact Person

KEY MEDIATION INC.

Firm/Company

3785 NW 82ND AVENUE, SUITE 215

Address

DORAL, FLORIDA 33166

City/State and Zip Code

AUGUSTO.EGOAVIL@GMAIL.COM

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

For further information concerning this matter, please call:

AUGUSTO EGOAVIL

Name of Contact Person

at (561) 389-9557

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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 corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: KEY MEDIATION INC.
- 2. The principal office address: 3785 NW 82ND AVENUE, SUITE 215, DORAL, FLORIDA 33166
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: FEB. 26, 2013 Document number: P13000018431
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

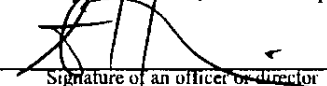
AUGUSTO EGOAVIL
2525 PONCE DE LEON BOULEVARD, SUITE 300
CORAL GABLES, FLORIDA 33134

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AUGUSTO EGOAVIL
3785 NW 82ND AVENUE, SUITE 215
P.O. Box NOT acceptable
DORAL, FLORIDA 33166

FILED
13 APR 12 PM 2:27
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

AUGUSTO EGOAVIL, PRESIDENT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

APRIL 10, 2013
Date

If signing on behalf of an entity:

Typed or Printed Name

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