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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Keys Home 3 Investments Name of Corporation
DOCUMENT NUMBER: 716 0000 88416
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:
Don Hiller Name of Contact Person Keys Home 3 Investments Firm/Company 5020 5th Ave. # 12 Address
Key West FL 32040 City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Doc Miller at (305) 509 - 75 7 Name of Contact Person 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

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
1. The name of the corporation: Keys Home B Investments
2. The principal office address: 5020 5th Ave. # 12
Vey West FL 33040
3. The mailing address (if different): 1107 Key Plaza Mailbox # 289
Kly West FL 33040
4. Date of incorporation/qualification: 11-01-2016 Document number: P16000 88416
 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)
Don C Hiller
SKZ Northside Dr Suite 1018
Vey West FL 33040
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Don C Miller = 1
5020 5th Ave. #12 P.O. Box NOT acceptable
Ley West FL 33040
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.
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 Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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