

PI6 000093436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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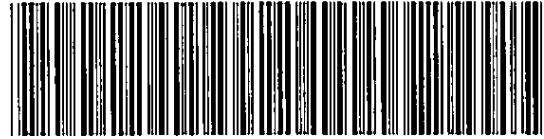
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JQ 10/15/20

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Change of Registered Agent  
Name of Corporation

DOCUMENT NUMBER: P16000093436

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:

STEPHEN K. FRY  
Name of Contact Person

KEYSTONE TECHNOLOGIES INC  
Firm/Company

138 Jim Joe Rd Seneca, SC 29678  
Address

Seneca, SC 29678  
City/State and Zip Code

stave@KEYSTONE TECH USA.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

STEPHEN FRY at ( 843 ) 408-8193  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KEYSTONE TECHNOLOGIES Inc
2. The principal office address: 244 CAROLINA JASMINE LANE  
ST JOHNS, FL 32259
3. The mailing address (if different): 138 Jim Joe Rd, Seneca, SC 29678
4. Date of incorporation/qualification: 11/28/2014 Document number: P16000093436
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)  
RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

STEPHEN FRY  
138 Jim Joe Rd. 244 CAROLINA JASMINE La  
P.O. Box NOT acceptable  
Seneca, SC 29678 ST. JOHNS, FL 32259


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

STEPHEN K. FRY  
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

8/31/2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)

TALLAHASSEE, FL  
SECRETARY OF STATE

2020 SEP -4 AM 10:14

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