

P21 0000 232 37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

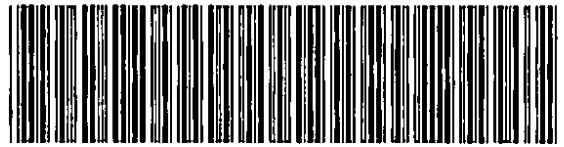
Special Instructions to Filing Officer:

J. HORNE

MAY 23 2022

5/13

Office Use Only



800385124818

FILED 2022 MAY 13 AM 10:01

2022 MAY 13 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 MAY 13 AM 7:56

SEC. OF STATE  
TALLAHASSEE, FL

May 3, 2022

KAMVAR ASHORI  
892 BRIGHTWATER CIR  
MAITLAND, FL 32751 US

SUBJECT: KEYSTONE PROS INC.  
Ref. Number: P21000023237

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

PLEASE FILL OUT THE NEW REGISTERED AGENT INFORMATION .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 422A00010249

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Keystone Pros Inc  
Name of Corporation

**DOCUMENT NUMBER:** PZ100002337

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:

Kamvar Ashori

Name of Contact Person

Keystone Pros Inc

Firm/Company

892 Brightwater Cir

Address

Maitland, FL 32751

City/State and Zip Code

broker@capitalhillrealty.net

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

For further information concerning this matter, please call:

Kamvar Ashori

Name of Contact Person

at ( 321 ) 322-77-08

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 Pros Inc
2. The principal office address: 892 Brightwater Cir Maitland FL 32751
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/04/2022 Document number: PZ100002337
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)

Global Accounting Group

Please remove current registered agent

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

Kamvar Ashori

892 Brightwater Cir

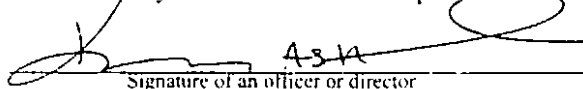
P.O. Box NOT acceptable

Maitland, FL 32751

FILED  
2022 MAY 13 AM 10:01  
SECRETARY 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.

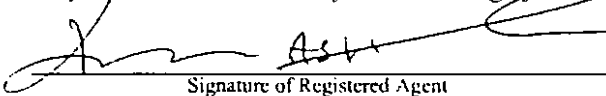
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Kamvar Ashori / Owner

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

5/16/22

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)