

P96000044632

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KEY MANAGEMENT CONSULTING INC.  
Name of Corporation

**DOCUMENT NUMBER:** P96000044632

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:

Robin I. Willner, Esq.

Name of Contact Person

Saavedra-Goodwin

Firm/Company

888 SE 3rd Avenue, Suite 500

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

salejo@saavlaw.com

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

For further information concerning this matter, please call:

Robin I. Willner, Esq.

at ( 954 ) 767-6333  
Area Code & Daytime Telephone Number

Name of Contact Person

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2022

ROBIN WILLNER, ESQ.  
888 SE 3RD AVENUE  
SUITE 500  
FORT LAUDERDALE, FL 33316

SUBJECT: KEY MANAGEMENT CONSULTING INC.  
Ref. Number: P96000044632

We have received your document for KEY MANAGEMENT CONSULTING INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 122A00018870

*Received 09/01/22*

**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: KEY MANAGEMENT CONSULTING INC.  
2. The principal office address: 104 MEDITERRANEAN WAY, INDIAN HARBOUR BEACH, FL 32937

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/24/1996 Document number: P96000044632

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)

KATHLEEN E. YONCE

851 Broken Sound Parkway NW, Suite 115

Boca Raton, FL 33487

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

Saavedra-Goodwin

888 SE 3rd Avenue, Suite 500

P.O. Box NOT acceptable

Fort Lauderdale, FL 33316

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.

*Kathleen E. Yonce*

Signature of an officer or director

Kathleen E. Yonce, 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]*

Signature of Registered Agent

Date

If signing on behalf of an entity:

Damaso W. Saavedra PA d/b/a Saavedra-Goodwin

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

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