Mailing Address Mailing Addr	DOCUMENT # P9800078781 1. Entity Name KEYSTONE GREYHOUNDS, INC.						FILED Jan 10, 2001 8:00 am Secretary of State			
SIGNATURE 2. Principal Page of Business Suts, Apt. 4, etc. Country 2. Principal Page of Business Suts, Apt. 4, etc. Suts, Apt. 4, etc. Suts, Apt. 4, etc. Country 2. Principal Page of Business Suts, Apt. 4, etc. Suts, Apt. 4, etc. Suts, Apt. 4, etc. Suts, Apt. 4, etc. Country 5.	Principal Plac		1							
Suite, Apt. 4, etc. City & State	9222 HEATHRIC	OGE DR.	9222 HEATHRIDGE DR.							
Sules, Appl. #, etc. City & State	2. Principal P	lace of Business	3. Mailing Address			-				
Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRANTE, LAWRENCE 9222 HEATHRIDGE DR. WEST PALM BEACH FL 33411 City FL Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Symans, typed or primor name of registered after the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Symans, typed or primor name of registered agent and this flags/state. PILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State TILE OPFICERS AND DIRECTORS 11. OPFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OPSI Debte TI	City & State		City & State			4. F	El Number 65-0861624			·
FERRANTE, LAWRENCE 9222 HEATHRIDGE DR. WEST PALM BEACH FL 33411 City FL Zip Code City FL Zip Code City FL Zip Code 6. The above named critify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible Task filting requirement and exects do so. After IAAY 1, 2001 Fee will be \$550.00 Make Check Proyable to Department of State 11. OFFICERS AND DIRECTORS IN 11 ITIE DPS KEELING, C.J. STREET ADDRESS KEELING, C.J. STREET ADDRESS KEELING, C.J. STREET ADDRESS CITY-ST-2P DVPT Detels TILE Detels T	Zip Country		Zip Country		itry	5. 0	Certificate of Status Desired			
Street Address (P. O. Box Number is Not Acceptable) Street Address (P. O. Box Number is Not Acceptable)		6. Name and Address of Current F	legistered Agent			7. N	lame and Address of New Re	gistered Ag	ent	
Size And Part			Name							
8. The above named critity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, speed or printed name of registered agent and life if applicable. NOTE Registered Agent signature required spent and size if applicable. NOTE Registered Agent signature required spent and size if applicable. NOTE Registered Agent signature required spent and size if applicable. PILE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS DPS KEELING, C.J. STREET ADDRESS ZYSI VILLAGE BLVD.APT.304 GIT ST-2P UNE DPT WEST PALM BEACH FL 33405 UNY ST-2P UNEST PALM BEACH FL 33405 UNY ST-2P UNEST PALM BEACH FL 33411. Delete NAME STREET ADDRESS CITY ST-2P UNEST PALM BEACH FL 33411. Delete NAME STREET ADDRESS CITY ST-2P UNEST PALM BEACH FL 33411. Delete NAME STREET ADDRESS CITY ST-2P UNE Delete NAME STREET ADDRESS CITY ST-2P Change Addition Addition NAME STREET ADDRESS CITY ST-2P UNE Delete NAME STREET ADDRESS CITY ST-2P Change Addition Addition TITLE NAME STREET ADDRESS CITY ST-2P Delete NAME STREET ADDRESS CITY ST-2P Change Addition TITLE NAME STREET ADDRESS CITY ST-2P TITLE NAME STREET ADDRESS CITY ST-2P Delete NAME STREET ADDRESS CITY ST-2P Change Addition Change Addition Change Addition TITLE NAME STREET ADDRESS CITY ST-2P Change Addition C	9222	HEATHRIDGE DR.			Street Address ((P.O. B	ox Number is Not Acceptable)			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Synaps, speak or pisted name of registered spent and the flagobases. (NOTE Registered Agent signature received when rentating) 9. This corporation is eligible to satisfy its Intangible Tax Infing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees State on back) Added to Fees State on back Added to Fee	***	77728 05101112 00777			City			FI	Zip Cod	e .
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