

V55133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

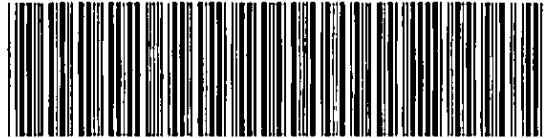
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: KEYNA CONDO, INC.  
Name of Corporation

DOCUMENT NUMBER: V55133

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:

LORI A. CANTERBERRY  
Name of Contact Person  
CRISTINA MORENO P.A.  
Firm/Company  
2600 DOUGLAS ROAD, SUITE 304  
Address  
CORAL GABLES, FL 33134  
City/State and Zip Code

L.CANTERBERRY@MWB.M.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI A. CANTERBERRY at ( 305 ) 402-4165  
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: KEYNA CONDO, INC.
2. The principal office address: 2665 S. BAYSHORE DRIVE, SUITE 302  
MIAMI, FL 33133
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: AUGUST 4, 1992 Document number: V55133

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)

MURAI WALD BIONDO & MORENO P.A.

2121 PONCE DE LEON BLVD., SUITE 600

CORAL GABLES, FL 33134

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

CRISTINA MORENO P.A.

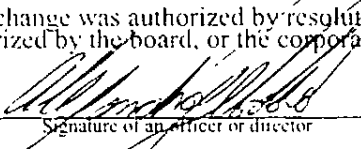
2600 DOUGLAS ROAD, SUITE 304


P.O. Box NOT acceptable

CORAL GABLES, FL 33134

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

 Cristina Moreno  
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.

 Cristina Moreno  
Signature of Registered Agent

09-29-2021  
Date

If signing on behalf of an entity:

Cristina Moreno P.A.  
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)

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