| DOCUMEN | T# N1900006167 | | | Jun 30, 2020 |
|--|--|---------------------------|---------------------------------------|---|
| Entity Nam | e: KEY BISCAYNE PARK AND OPEN SPAC | E CONSERVAN | CY, INC | Secretary of State 9405748507CC |
| Current Pri 335 HARBOR KEY BISCAYN | | | | 940374630766 |
| Current Ma | iling Address: | | | |
| 335 HARBC KEY BISCA | OR LANE YNE, FL 33149 US | | | |
| FEI Number: NOT APPLICABLE Certificate | | Certificate of | Status Desired: Yes | |
| Name and A | Address of Current Registered Agent: | | | |
| | LAND BLVD., SUITE 310 | | | |
| MIAMI, FL 331 | 56 05 | | | |
| , | d entity submits this statement for the purpose of changing its re | egistered office or regis | tered agent, or both, | in the State of Florida. |
| The above name | | egistered office or regis | tered agent, or both, | in the State of Florida. 06/30/2020 |
| The above name | d entity submits this statement for the purpose of changing its re | egistered office or regis | tered agent, or both, | |
| The above name | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY | egistered office or regis | tered agent, or both, | 06/30/2020 |
| The above name | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY Electronic Signature of Registered Agent | egistered office or regis | s, D | 06/30/2020 |
| The above name SIGNATUR | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY Electronic Signature of Registered Agent | | | 06/30/2020 Date |
| The above name SIGNATUR Officer/Dire Title | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY Electronic Signature of Registered Agent ector Detail : P, D | Title | S, D LARKEY, ROBE | 06/30/2020 Date |
| The above name SIGNATUR Officer/Dire Title Name Address | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY Electronic Signature of Registered Agent ector Detail : P, D SIMON, STEVEN A. M.D. | Title Name | S, D LARKEY, ROBE 9200 S. DADEL | 06/30/2020 Date RT B. AND BLVD., SUITE 310 |
| The above name SIGNATUR Officer/Dire Title Name Address | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY Electronic Signature of Registered Agent ector Detail : P, D SIMON, STEVEN A. M.D. 335 HARBOR LANE | Title Name Address | S, D LARKEY, ROBE 9200 S. DADEL | 06/30/2020 Date RT B. AND BLVD., SUITE 310 |
| The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip: | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY Electronic Signature of Registered Agent ector Detail : P, D SIMON, STEVEN A. M.D. 335 HARBOR LANE KEY BISCAYNE FL 33149 | Title Name Address | S, D LARKEY, ROBE 9200 S. DADEL | 06/30/2020 Date RT B. AND BLVD., SUITE 310 |
| The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip: Title | d entity submits this statement for the purpose of changing its re E: ROBERT B. LARKEY Electronic Signature of Registered Agent ector Detail : P, D SIMON, STEVEN A. M.D. 335 HARBOR LANE KEY BISCAYNE FL 33149 T, D | Title Name Address | S, D LARKEY, ROBE 9200 S. DADEL | 06/30/2020 Date RT B. AND BLVD., SUITE 310 |

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN A. SIMON, M.D.

PRESIDENT

06/30/2020

Electronic Signature of Signing Officer/Director Detail

FILED 20