

LI8000121765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

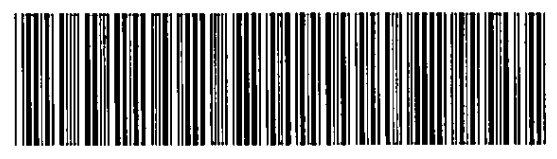
(Business Entity Name)

(Document Number)

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6/5/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY BIZ FL, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLHA POLISHCHUK

Name of Person

SKY BIZ FL, LLC

Firm/Company

1025 E Hallandale Beach Blvd Ste 15 - 703

Address

Hallandale Beach, FL 33009-4478

City/State and Zip Code

ceo@sky.biz.com.ua

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

For further information concerning this matter, please call:

Olha

+1786 66779955

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

SKY BIZ FL, LLC

1. Name of the limited liability company: _____
2. (a) 1000 FIFTH STREET (b) 1000 FIFTH STREET
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
- SUITE 200-M3 SUITE 200-M3
MIAMI BEACH, FL. US 33139 MIAMI BEACH, FL. US 33139
- 05/15/18 L18000121765
3. Date of filing/registration in Florida 4. Document number

5. (a) MARINA BELORUSETS
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
250 174 STR

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
APT 1512
SUNNY ISLES BEACH 33160
 FL _____

- (b) OLHA POLISHCHUK
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
- 1025 E Hallandale Beach Blvd
NEW Registered Office Address:
Ste 15 - 703
- HALLANDALE BEACH 33009-4478
 FL _____

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.

 Signature of a member or authorized representative of a member

OLHA POLISHCHUK
 Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent