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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.□

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|-----|---|---|---|---|---|---|---|---|---|

LLC REGISTERED AGENT CHANGE SKIDABRADER GROUP LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

8 ä

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.

| 1. | Name of the limited liability company: Skidabrader Group LLC | | | | | | |
|-----------------|--|--|--|---|--|--|--|
| | (a) | | | | | | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | | 3390 Carmel Mountain RD Suite 110 | 3390 Carmel Mountain RD Suite 110 | | | | |
| | | San Diego CA 92121 | San Diego CA 92121 | | | | |
| | | 10/07/2021 | M21000013675 | | | | |
| 3. | | Date of filing/registration in Florida | 4. | Document number | | | |
| 5 | (a) | CT CORPORATION SYSTEM | | | | | |
| ٠,٠, | (4) | Registered Agent and Registered Office shown on the records of th | State: | | | | |
| | | 1200 S PINE ISLAND RD | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 00004 | | | | |
| | | PLANTATION . FL. | 33324 | <u></u> | | | |
| | | Registered Agents Inc. | | | | | |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered (| | | | | |
| | | | | | | | |
| | | 7901 4th St N | | · | | | |
| | | NEW Registered Office Address: | | | | | |
| | | STE 300 | | | | | |
| | | St. Petersburg | 33702 | | | | |
| | | ,FL | | | | | |
| the ag wa | ent v est w | imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | the registered o bility company. Tthe limited lial | ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in | | | |
| | | Rilung Park | | Riley Park | | | |
| _ | Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee | | | |
| pr the to | ovisi e obi mer | by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change. Rill Hayro | performance of for in Chapter ereby confirm t | my auties, ana i am innunat with and accept | | | |
| ž | - /} | Bill Havre - Assistant | Secretary | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent