

P990000027965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

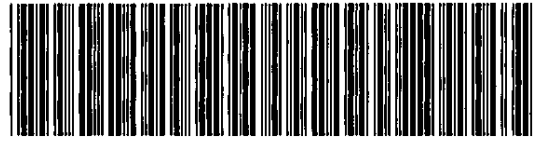
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 20 2017
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKYWAY Express, INC.
Name of Corporation

DOCUMENT NUMBER: P99000027965

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:

Robert Cascella
Name of Contact Person

SKYWAY Express, INC.
Firm/Company

3235 W. Harbor View Ave
Address

Tampa, FL 33611
City/State and Zip Code

wweskyway@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Cascella at (813) 731-2646
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: SKYWAY Express, INC
2. The principal office address: 2861 EXECUTIVE DR # 200
CLEARWATER, FL 33762
3. The mailing address (if different): 3235 W. HARBOR VIEW AVE
TAMPA, FL 33611
4. Date of incorporation/qualification: 3/26/1999 Document number: P99000027965
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)

CT Corporation System
1200 South Pine Island Rd.
PLANTATION, FL 33324

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

Robert F Cascella
3235 W. HARBOR VIEW AVE
P.O. Box NOT acceptable
TAMPA, FL 33611

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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.

Robert Cascella
Signature of an officer or director

Robert Cascella
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.

Robert Cascella
Signature of Registered Agent

4/16/17
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***