

A09000000287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

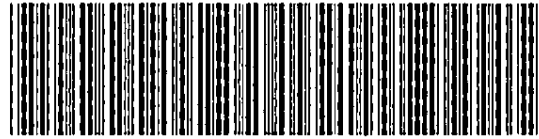
(Document Number)

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CORPORATIONS  
TALLAHASSEE FL 32310

**CORPORATE  
ACCESS,  
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 12/20

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STATEMENT OF CHANGE

1. **SKYLER BACH FAMILY LIMITED PARTNERSHIP, LLLP**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Skyler Bach Family Limited Partnership, LLLP

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to:

Jay S. Skyler

\_\_\_\_\_

\_\_\_\_\_

Firm/Company  
445 Grand Bay Drive, #1206

\_\_\_\_\_

Key Biscayne, FL 33149

\_\_\_\_\_

doctorinsulin@gmail.com

\_\_\_\_\_

For further information concerning this matter, please call:

Jay S. Skyler

\_\_\_\_\_ at (305-588-4447) \_\_\_\_\_

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Skyler Bach Family Limited Partnership, LLLP

2. May 1, 2007

3. A09000000287

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Wells & Wells, P.A.

901 Ponce de Leon Blvd., Suite 200

Coral Gables, Florida 33134

5. The name and Florida street address of the new registered agent and/or office:

Corporate Access, Inc.

236 East 6th Avenue

Tallahassee, Florida 32303

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Filing Fee: **\$35.00**  
Certified Copy (optional): **\$52.50**

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