Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003615543)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048

: (800)345-4647

Fax Number

: (800)432-3622

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

Email #	Address:	

REGISTERED AGENT CHANGE SKYWARD SERVICE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000361554 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	change is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Status organized under the laws of the State of $\overline{\sf DE}$ registered agent, or both, in the State of Florid	LAWAR	<u>:E</u>	
1. The name of	of the corporation: SKYWARD S	SERVICE COMPANY			
2. The princip	pal office address: 800 GESSNER	ROAD, SUITE 600, HOUSTON, TX 770	24	_	
3. The mailin	g address (if different):			—	
	corporation/qualification: 5/9/2014	Document number: F140000	02066		
5. The name a		ered agent and registered office on file with th			
	CORPORATION SERVICE C	OMPANY	5	<u>~</u>	
	1201 HAYS STREET			7073 OCT 16	
	TALLAHASSEE, FL 32301		F	<u> </u>	
6. The name a (if changed	———————————————————————————————————————	d agent (if changed) and /or registered office	ري. ري.	2	
	Capitol Corporate Services, In	с.	200	9: 03	
	515 East Park Avenue 2nd FI	O, Box NOT acceptable		w	
	Tallahassee, FL 32301	O. Hox NOT Ecceptable			
as changed w	dress of its registered office and the s rill be identical.	treet address of the business office of its reg	_	nt,	
Such change authorized by	was authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an office en notified in writing of the change.	er so		
	XXXXXX	Leslie K. Shaunty, Secretal	ry		
I hereby acce I further agre of my duties, document is b corporation h	while of a chick or director tept the appointment as registered age the comply with the provisions of all and I am familiar with and accept the being filed merely to reflect a change has been notified in writing of this cha	Printed or typed name and title int and agree to act in this capacity, I statutes relative to the proper and complete e obligation of my position as registered age in the registered office address, I hereby col ange.	e performa nt. Or, if t nfirm that t	nce his the	
	in Parelerti	10/13/2023	10/13/2023 Date		
	Signature of Registered Agent behalf of an entity:	Duc			
	•	of Capitol Corporate Services, Inc.			
	* * * FILING	G FEE: \$35.00 * * *			
,		O FLORIDA DEPARTMENT OF STATE NS, P.O. BOX 6327, TALLAHASSEE, FL 32314	4		

(((H23000361554 3)))

CR2E045 (04/13)