

# F19 0000004164

\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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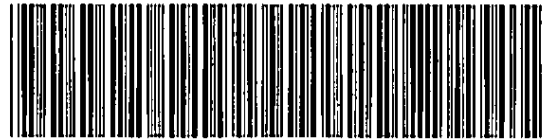
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Skar Audio, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F19000004164

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:

Kevin Schlenker

Name of Contact Person

Skar Audio, Inc.

Firm/Company

9700 18th St. N

Address

St. Petersburg, FL 33617

City/State and Zip Code

kevin@skaraudio.com

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

For further information concerning this matter, please call:

Kevin Schlenker

Name of Contact Person

at (727)

483-8482

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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DIVISION OF CORPORATIONS  
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**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Skar Audio, Inc.
2. The principal office address: 9700 18th St. N. St. Petersburg, FL 33617
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/10/2019 Document number: F19000004164
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)

Schlenker, Kevin

8665 Florida Mining Blvd

Tampa, FL 33634

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

Schelenker, Kevin

9700 18th St. N

P.O. Box NOT acceptable

St. Petersburg, FL 33617

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.



Signature of an officer or director

Kevin Schlenker, CEO

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.*



Signature of Registered Agent

June 24th, 2020

Date

If signing on behalf of an entity:

Kevin Schelenker

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

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DIVISION OF STATE  
CORPORATIONS  
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