

# F97000002582

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*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  
SKIP CORPORATION OF DELAWARE**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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11 DEC -2 AM 8: 58

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2011 DEC -2 AM 10: 12

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12-5-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SKIP CORPORATION OF DELAWARE  
Name of Corporation

**DOCUMENT NUMBER:** F97000002582

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 P. Ellis  
Name of Contact Person

SKIP CORPORATION OF DELAWARE  
Firm/Company

10850 WEST PARK PLACE 500  
Address

MILWAUKEE WI 53224 US  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin P. Ellis at ( 414 ) 359-2020  
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

CR2E045 (8/05)

**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: SKIP CORPORATION OF DELAWARE
2. The principal office address: 10850 WEST PARK PLACE 500 MILWAUKEE WI 53224 US
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/15/1997 Document number: F97000002582
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)

NAPLES-LAWDOCK, INC.  
1395 PANTHER LN STE 300  
NAPLES FL 34109-7874 US

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324  
P.O. Box NOT acceptable

**FILED**  
**2010 DEC -2 AM 10:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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.

 Kevin P. Ellis, Director  
Signature of an officer or director 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.*

By: C T Corporation System Rebecca Barth 12/2/2011  
Signature of Registered Agent Date

If signing on behalf of an entity:

Rebecca Barth, Assistant Secretary  
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

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