Florida Department of State

Division of Corporations
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Division of Corporations

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Account Name : CORPDIRECT AGENTS, INC.

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LLC REGISTERED AGENT CHANGE SKYWAY ADVISORS, LLC

Certificate of Status	0
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EXAMINI

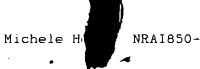
A. LUNT

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Electronic Filing Menu

Corporate Filing Menu

EXAMINEF



H110000939993

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company	SKYWAY ADVISORS.	<u>LLC</u>	
2. (a) Principal office address of limited		AMPA STREET	
(Note: MUST BE STREET AD	DRESS) SUITE 3550. TAMPA FL 33602 US		
(b) Mailing address of limited liabilit	y company: 100 NORTH TAM		
(Note: MAY BE POST OFFIC	SUITE 3550 TAMPA FL 33602 US	ALE 2011 ALE AD T	
09/17/2002	L02000024		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered	Office shown on the records of the Florida D	Cept of State	
Registered Agent:	CRINO, BRYAN L	<u> </u>	
Registered Office Address:	100 NORTH TAMPA ST SUITE 3550 TAMPA FL 33602 US	TREET	
NEW Registered Agent; NEW Registered Office Address	515 EAST PARK AVEN	CORPDIRECT AGENTS, INC. 515 FAST PARK AVENUE	
MUST BE FLORIDA STREET	TALLAHASSEE	,FL <u>32301</u>	
confirmed that after the change or change and the business office of the registered liability company, it is hereby confirmed of the members of the limited liability of or the operating agreement of the limited	ganized under the laws of the State of Florida exarc made, the Florida street address of the agent will be identical. Or, in the case of a F that the change(s) was/were authorized by a company or as otherwise provided in the article liability company.	, it is hereby registered office lorida limited n affirmative vote es of organization	
Signature of a member of authorized officesentative of	f a member		
Printed or typod name of signes			
	istered agent and agree to act in this cupacity s relative to the proper and complete perform hiligations of my position as registered agent a is being filed to merely reflect a change in the d liability company has been notified in writi	t. I further agree to nance of my dutics, is provided for in registered office ng of this change,	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00