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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

RA4099.14605

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

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Email Address: bcxmo@skywaycapital.com

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**LLC REGISTERED AGENT CHANGE  
SKYWAY ADVISORS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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EXAMINER

A. LUNT

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**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, LLC

2. (a) Principal office address of limited liability company: 100 NORTH TAMPA STREET

(Note: MUST BE STREET ADDRESS)

SUITE 3550  
TAMPA FL 33602 US

(b) Mailing address of limited liability company:

100 NORTH TAMPA STREET

(Note: MAY BE POST OFFICE BOX)

SUITE 3550  
TAMPA FL 33602 US

09/17/2002

3. Date of filing/registration in Florida

4. Document number

L02000024069

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

CRINO, BRYAN L.

Registered Office Address:

100 NORTH TAMPA STREET  
SUITE 3550  
TAMPA FL 33602 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CORPDIRECT AGENTS, INC.

NEW Registered Office Address:

515 EAST PARK AVENUE

(MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

BRYAN L. CRINO

Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00