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SECRETARY OF STATE
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T. HAMPTON

JUN 17 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: Crystal SKulls, (Name of Limi	11.0	
(Name of Limi	ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Catherine E. BLAS (Name of Person)	<u>Ko</u>	
Crystal 5Kulls, a	uc	
One South School Ol	Le., Ste. 1000	
Sana sota, Florion 34237 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Catherine Blasko at (941) 955-3150		
	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
523 Fining Fee	\$35 I ming rec & Cerumed Copy	

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:	al SKUIIS, LLC
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ONE S. School OVERUE. Suite 1000 SARASOTA, FLORIDA 34237
04/01/2003	L03000011602
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	· · · · · · · · · · · · · · · · · · ·
Registered Agent:	UCC FILING & Search Services, Inc
Registered Office Address:	1574 VILLAGE Sq. BIVO. Suite 100 Tallahassee, Fl 32309
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Catherine E. Blasko
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ONE S. School avenue Swite 1000 SARASCTA ,FL 34237
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	et address of the registered office and the business case of a Florida limited liability company it is
(Signature of a member or authorized representative of a member)	
MANAGING Partner	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	
(Signature of Registered Agent)	FIL ETAR HASS
Division of Corporations, P.O. Bo	x 6327, Tallahassee, FL 32314

INHS18 (05/08)