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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. The name of the limited liabi	lity company is:	Sky Develop	oment Group LL	.C		
2. The mailing address of the lin						
Suite 106 Palm Coast FL 3		puii) 10 t				
07/30/04			_04000056710			·
3. Date of filing/registration in Florida		4. Document number				
5. The name of the registered ag Florida Department of State: Victo	ent and the regist	ered office add	dress as shown on	the record	ls of the	e
3137	7 NE 163rd Stre	Name eet	· · · · · ·			
Miar	ni Beach, FL <mark>3</mark> 3			<u></u> 1	2	
6. The name and address of the new registered agent and/or office:		re•	SECR	90 Y DE	771	
	Natalia Wolf			CRETARY OF STATE LAHASSEE, FLORID	2004 DEC 30	E
3137 NE 163rd Street			EE, FI	PK		
Flori	ida street address	(P.O. Box NO	T acceptable)	- BAT	2:	
North	n Miami Beach	_{FL} 33160		Um	28	
	City, St	tate and Zip				
If the limited liability company is confirmed that after the change of and the business office of the regliability company, it is hereby conthe members of the limited liability the operating agreement of the limited liability company agreement of the limited liability company of the limited liability company is a second company of the limited liability company is a second company in the limited liability company is an entire to the limited liability company in the limited liability company is company in the limited liability company in the limited liability company is confirmed that after the change of and the liability company in the liability company is confirmed that after the change of an entire confirmed that after the change of and the liability company it is hereby confirmed that after the change of and the liability company it is hereby confirmed that after the change of the region of the limited liability company.	or changes are magistered agent will onfirmed that the lity company or a mited hability co	ade, the Florida Il be identical. change(s) was/ is otherwise pro impany.	street address of	the register	ered of	fice vote of on or
Victor Wolf	,					
(Printed or typed name of signee)						
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept that the confirm that the confirmation is the confirmation that the c	t as registered ag I statules relative ot the obligations cument is being fi ne limited liability	rent and agree to the proper of to my position tiled to merely to v company has	to act in this cape and complete per a as registered ag eflect a change i been notified in v	icity. I fur formance of ent as prov the regis vriting of t	ther ag of my d vided fo tered o his cha	ree to uties, or in ffice inge.
(Signature of Registered Agent) Division of C	orporations, P.C	D. Box 6327, T	`allahassee, FL	32314		

FILING FEE: \$25.00

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