DOCUMENT # L04000065768 1. Entity Namo **FILED** OPEN SKY, LLC Feb 01, 2007 08:00 AM Secretary of State Principal Place of Business Mailing Address 9222 SHENANDOAH RUN 9222 SHENANDOAH RUN WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 33544 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FENTON, JOHN Street Address (P.O. Box Number is Not Acceptable) 9222 SHÉNANDOAH RUN WESLEY CHAPEL FL 33544 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. IIILE MGRM Delete TITLE Change Addition NAME FENTON, JOHN NAME SITIECT ADDRESS 9222 SHENANDOAH RUN STREET ADDRESS U00000616213 <u>107/07-80020-003-50</u>00 CITY ST ZIP WESLEY CHAPEL FL 33544 CITY -ST-ZIP HILE Delete IIILE ☐ Change Addition NALS NAM STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY SI-ZIP Addition TITLE ☐ Change HILE Delete NAME MAL STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST- ZIP BILE Delete TILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP MILE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY ST ZIF CITY ST-ZIP IIILE Delete Change Addition TITLE NAM NAM.

STREET ADDRESS

Date

CITY ST-ZIP

11. I horoby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP