LOL 0000 95509

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300278877093

11/23/15--01034--019 **25.00



NOV 2 4 2015 J SHIVERS

COVER LETTER

	Registration Section Division of Corporations						
SUBJECT	Sky Limit Construction LLC						
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclos	ed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning th	is matter to the f	following:				
Ales Bur	sa						
	Name of Person	J					
Sky Limi	t Construction LLC						
	Firm/Company						
491 Crot	on Lane						
	Address						
Big Pine	Key, FL 33043						
	City/State and Zip Code						
alesburs	a@yahoo.com						
E-ma	ail address: (to be used for future ann	ual report notifi	cation)				
For further	r information concerning this matter,	please call:					
Sue Turr	ner	305	294-1040				
	Name of Person		Area Code & Daytime Telephone Number				
Re Di Cl 26	egistration Section vision of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301	Reg Div P.C	gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314				
Er	Enclosed is a check for the following amount:						
■ \$25 Filing Fee			5 Filing Fee & Certified Copy				

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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

. Name of	f the limited liability company: Sky Limit Co	nstructio	n LLC		
. (a)		(b))		
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
491	1 Croton Lane		491 Crot	on Lane	
Big	Pine Key, FL 33043		Big Pine	Key, FL 33043	
10/0	02/2006		L0600009	5909	
	Date of filing/registration in Florida	4.		Document number	
. (a)					
	tered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	:	
Uni	ted States Corporation Agents, Inc.				
Regis	stered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u> </u>	2 - cc	
111	11 Lincoln Road, Suite 400			<u> </u>	
-	Miami Beach , FL 33139			NOV 2	
	, 1.1	L		SA CO FROM	
(b)				그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	
Enter	name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	PM IZ: 08	
Ale	s Bursa			M 12: 08	
NEW	<u>/</u> Registered Office Address:				
491	Croton Lane				
Big	Pine Key , Fl	_33043			
gent will be ras/were audie articles of signature of	I liability company is not organized under the last changes are made, the Florida street address of edentical. Or, in the case of a Florida limited I thorized by an affirmative vote of the members of organization or the operating agreement of the amember or authorized representative of a member	tws of the f the regis iability coof the limited limit	tered office mpany, it is ited liability ability com a Bursa	and the business office of the register hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee	
olijied in w	fall statutes relative to the proper and complete ins of my position as registered agent as provide flect a change in the registered office address, I filing of this change.	ed fốr in C hereby co	hapter 605, nfirm that t	F.S. Or, if this document is being fi he limited liability company has beer	

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

Х