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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|---|--|
| SUBJECT: Skyway IV, L.L.C. (Name | of Limited Liability Company) | | 0 |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing | ıg. | |
| Please return all correspondence concerning | g this matter to the following: | | |
| Michael Kraus | | | |
| (Name of Person) | | | |
| Michael L. Kraus, P.A, (Firm/Company) | | | |
| 400 Fifth Avenue South, Suite 200 | | | |
| (Address) | | 2008 DEC 31 SECRETAR' TALLAHASS | and the state of t |
| Naples, FL 34012 (City/State and Zip Code) | | C 31 | STREET, ST. |
| For further information concerning this mat | ter, please call: | DEC 31 PH 12: 16 CRETARY OF STATE LAHASSEE, FLORID! | |
| Michael Kraus | at (239) 262-1979 | | |
| (Name of Person) | (Area Code & Daytime Telephone Nur | nber) | |
| 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 follow | ing amount: | | |
| ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified 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.

| 11/20/2007 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: 900 Sixth Avenue South Suite 203 Naples, FL 34012 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: Michael L. Kraus, P.A. NEW Registered Office Address: Naples, FL 34102 FD 5 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 of the registered office a | | • | | , L.L.C. | nited liability company: Skyway N | 1. Nam |
|--|----------|-------------------------------|---|---|---|---|
| (Note: MAY BE POST OFFICE BOX) Naples, FL 34113 11/20/2007 L07000116878 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Q00 Sixth Avenue South Suite 203 Naples, FL 34012 NEW Registered Agent: Michael L. Kraus, P.A. NEW Registered Office Address: Michael L. Kraus, P.A. NEW Registered Office Address: Michael L. Kraus, P.A. Naples, FL 34102 Naples, FL | | | | | fice address of limited liability compa UST BE STREET ADDRESS) | 2. (a) 1 |
| 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: Sometime | | 0 | | | | (b) |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Suite 203 Naples, FL 34012 Wichael L. Kraus, P.A. NEW Registered Agent: NEW Registered Office Address: | | | | | agistration in Florida | |
| Registered Agent: Registered Office Address: 900 Sixth Avenue South Suite 203 Naples, FL 34012 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Maples, FL 34102 Naples, FL 341 | | | of State: | | | |
| Suite 203 Naples, FL 34012 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of the precipitated deposits of the precipitated liability company is in the precipitated 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 of the precipitated liability company is in the precipitated liability company in the precipitated liability company is in the precipitated liability company in the precipitated liability company is in the precipitated liability company in the precipitated liability company is in the | | | | · | | |
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| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of the registered deposits of the registered office and the business of the registered deposits of the registered office and the business of the registered deposits o | | Taranta Taranta Taranta | | EW Registered Office address: | of NEW Registered Agent and/or <u>N</u> | (b) |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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 of the registered agent will be identical. On in the case of a Florida limited liability company it is | | • - | m ⁻ | | stered Agent: | ı |
| that after the change or changes are made, the Florida street address of the registered office and the business | £ | | 00 R S 5 | 400 Fifth Avenue South, Suite 2 Naples, FL 34102 | stered Office Address: E FLORIDA STREET ADDRESS) | |
| (Signature of a member or authorized representative of a member) | | SS | e and the busine | eet address of the registered office | ge or changes are made, the Florida streed agent will be identical. Or, in the that the change(s) was/were authorized as otherwise provided in the articles mpany. | that after office of hereby liability limited |
| Thomas Esch (Printed or typed name of signee) | | | | _ | of signee) | |
| 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) | | d I 508, | urther agree to e of my duties, and for in Chapter address, I hereby | l agree to act in this capacity. I j proper and complete performanc on as registered agent as provide a change in the registered office ed in writing of this change. | te appointment as registered agent and ovisions of all statules relative to the nd accept the obligations of my positicument is being filed to merely reflect mited liability company has been notiful. | I hereh comply am fam F.S. Oi confirm |

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