**3/2**6/2020 vision of Corpora ment of State **Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE

## SKY HIGH MARKETING, LLC

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Corporate Filing Menu

## 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 Florida.

(a) –	51027 County Road T	<u>(b)</u> <u>F</u>	P.O. BOX 418	
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> ) Saguache, CO 81149	
	Saguache, CO 81149			
	12/28/2007	L07000127943		
	Date of filing/registration in Florida	4.	Document number	
(b)	InCorp Services, Inc.			
	Registered Agent and Registered Office shown on the records o	f the Florida De	ept, of State:	
	17888 67th Court North			
	Registered Office Address (MUST BE FLORIDA STREET	<u>'ADDRESS)</u>	2020 HAR 26	
	Loxahatchee	1_ <mark>33470</mark>	14R 26	
	Registered Agents Inc.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>d Office addre</u>		
	7001 Ath Ct N		- 33 N	
	7901 4th St N			
	7901 4th St N <u>NEW</u> Registered Office Address:			

R: Lug Park. Signature of a member or authorized representative of a member

**Riley Park** 

Printed or typed name 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 605, 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.

Sel A Bill Havre - Assistant Secretary

Signature of Registered Agent

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