

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
. (Cir	ty/State/Zip/Phone	(#)		
: PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only				
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EXAMINER



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COVER LETTER

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TO: Registration Section Division of Corporations					
SUBJECT: SKY CONCIERGE BY MIRAX LLC (Name of Limited Liability Company)					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this r	natter to the following:				
~					
Alla Nikulaicheva					
(Name of Person)					
SKY REALTY BY MIRAX LLC					
(Firm/Company)					
1441 Brickell Ave Ste 1440	·				
(Address)					
Miami, FL 33131					
(City/State and Zip Code)					
For further information concerning this matter, pl	ease call:				
Alla Nikulaicheva at (786 <u>425-0055 ext 204</u>				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	RESS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following 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.

I. Na	me of the limited liability company: SKY CONC	IERGE BY MIRAX LLC		_ 0
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 1441 Brickell Ave Ste 1440 Miami, FL 33131		I
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1441 Brickell Ave Ste 1440 Miami, FL 33131		_ B
	er 16, 2008 nte of filing/registration in Florida	L08000097758 4. Document number		_ -
•) Registered Agent and Registered Office shown on	the records of the Florida Dep	t. of State:	
·	Registered Agent:	Pavlova, Tatiana		
	Registered Office Address:	2370 NE 213 Terrace Miami, FL 33180	09 FEB -	SECRETAL VISION OF
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address		
	NEW Registered Agent:	Nikulaicheva, Alla	AH II:	- <u>34</u> -
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1441 Brickell Ave Ste 1440	£	3n -X
		Miami	,FL <u>33131</u>	
that a office hereb liabili	limited liability company is not organized under the fter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company	t address of the registered offi	ice and the busi	iness

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

MARRINE

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)

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