## L100000052511

(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:

L. SELLERS

MAR - 8 2011

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
VALLAHASSEF FINANCE

## **COVER LETTER**

Division of Corpo	orations			
SUBJECT: M & S SKYPARTS,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 correspo	endence concerning this m	atter to the following:		
	HA E SANCHEZ ne of Person			
	SKYPARTS,LLC n/Company			
	PARK DRIVE #108			
	FLORIDA 33172 ate and Zip Code	<del></del>		
SALES.SKYF E-mail address: (to be used	PARTS@GMAIL.COM for future annual report notification	on)		
For further information c	oncerning this matter, plea	ase call:		
MARTHA E S	** \_	786 ) 372.9430  Area Code & Daytime Telephone Number		
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, Florida	ER ADDRESS: nations nter Circle	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		

TO: Registration Section

## 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.

Name of the limited liability company:	M & S SKYPARTS,LLC			
2. (a) Principal office address of limited liability compan	y: 280 WEST PARK DRIVE #108			
(Note: MUST BE STREET ADDRESS)	MIAMI,FLORIDA 33172			
(b) Mailing address of limited liability company:	280 WEST PARK DRIVE #108			
(Note: MAY BE POST OFFICE BOX)	MIAMI,FLORIDA 33172			
05/17/2010	L10000052571			
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:	MARTHA E SANCHEZ			
Registered Office Address:	280 WEST PARK DRIVE #108 MIAMI,FLORIDA 33172			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	MARTHA E SANCHEZ			
NEW Registered Office Address:	7120 SW 30 ROAD			
(MUST BE FLORIDA STREET ADDRESS)	MIAMI, ,FL <u>33155</u>			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member with the Sanchez.  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of Registered Agent	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by any ffirmative vote rwise provided in the articles thorganization y.			

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