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Division of Corporations

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	Division of Corporations	
	Fax Number : (850)617-6383	
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	Account Name : CORPORATE CREATIONS INTERNATIONAL INC.	ц В
	Account Number : 110432003053	<u> </u>
	Phone : (561)694-8107	:
	Fax Number : (561)694-1639	ż
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LLC REGISTERED AGENT CHANGE

SK INVEST, LLC



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Help

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.

Nar	me of the limited liability company: SK INVES	r, LLC				
(a) _		(t)	failing address of limited	<u></u>	
(-) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ħ	failing address of lumited (Note: MAY BE POST	OFFICE	<u>BQX</u>)
	19495 BISCAYNE BLVD, SUITE 809		19495 B	ISCAYNE BLVD,	SUITE	809
	AVENTURA, FL 33180		AVENTU	JRA, FL 33180		,,
				19407		
	02/11/2011	,	L110000	Document number		
	Date of filing/registration in Florida	4.		Document number		
/a)	C T CORPORATION SYSTEM		<u> </u>	_		
(a)	Registered Agent and Registered Office shown on the records	s of the Florid	a Dept. of State	¢;		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u></u>	-	*	5
	1200 SOUTH PINE ISLAND ROAD					:
				-	•	т. Т.
		. FL_33324	•	_		CD.
(b)	Scott Weislberg, Esq			_	-	64 42 24
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
					:•	
	NEW Registered Office Address:			_	7	
	One Las Olas Boulevard, Suite 500	<u> </u>		_		
	Fort Lauderdale	, FL_3330	1	_		
ic ch gent	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the memb iccess of organization on the operating agreement of	ed liability ers of the limito	company, it imited liabili d liability co	is hereby confirmed ity company or as oth mpany.	that the herwise p	change(s)
-	Relit Zang	R	obert Gorr	iez, Anomey-in-r		
Sign	dure of a member or authorized representative of a member	-		Printed or typed name		1
her rovi he ol	aby accept the appointment as registered agent an sions of all statutes relative to the proper and com- bligations of my position as registered agent as pro- rely reflect a change in the registered office addre- dim unifold whis change	d agree to a plete perfor wided for i ss. I hereby	nct in this ca mance of m n Chapter of confirm tha	pacity. I further agr y duties, and I am fa 15, F.S. Or, if this d at the limited liability	ree to cor miliar wi ocument v compan	nply with i ith and acc is being fi iy has beer
	ed in writing offics change.		20.9			

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