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(Requestor's Name)	_
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	٠
(Business Entity Name)	_
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Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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SECRETARY OF STATES
TALLAHASSEF, FI OBIGA

J. SAULSBERRY J. SAUKAMBERY EXAMINER FEB 13 2012

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Fold Sky Marke Name of Limited	ting , LLC d 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 m	atter to the following:		
Brian T. Allen			
Name of Person			
GOLD SKY MARKETENG	LC	26 FA S	
6/20 Avocetridge Drive	•	II2 FEB ECRETA LLAHAS	7[]
		RY OF	
Lithia FL 33547		AH 8: 08	C
City/State and Zip Code		O8	
E-mail address: (to be used for future annual report notification	GE, COM		
For further information concerning this matter, plea	ase call:		
Brian T. Allen at (_	813 382 - 8077 Area Code & Daytime Telephone Nu		
STREET/COURIER ADDRESS:	MAILING ADDRESS:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Registration Section - Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amo	unt:		
\$25 Filing Fee	\$55 Filing Fee & Certified Cop	ру	

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. 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) _12*0*00012039 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (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 office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

RATA TO ALLE N

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 previded 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