## 112 0000 56290

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(Address)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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TO: Registration Section Division of Corporations	
SUBJECT: SKB Investo	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regis	stered Office Change and fee(s) are submitted for filing.
Please return all correspondence conc	cerning this matter to the following:
DavidsClements	
Name of Per	son
Firm/Compa	my (1) 1 mm in
1401 Buell Ct Address	
Plant City Fl City/State and Z	<u>33567</u>
SLHCY & Aol. G E-mail address: (to be used for	future annual report notification)
For further information concerning th	nis matter, please call:
David 7. Clements Name of Person	at ( <u>813</u> ) <u>267-9731</u> Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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 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.

1. Na	me of the limited liability company: SKB Fine	stment	Prog	perties LLC		<u> </u>
	Principal office address of limited liability company:		(b) 1401 Buell C4  Mailing address of limited liability company:			
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)			
	Plant City, FL 33567	<b>-</b> -	Plan	nt City. FL	33567	<u>,                                      </u>
	8/24/2022		<u></u>	200056	290	
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	David 3 Clements					
` /	Registered Agent and Registered Office shown on the records of the	ne Florida De	pt. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		_	<u> </u>	2022
	1401 Buell Ct					22 A
		22<		<del></del>	Automore	AUG
	Plant City FL	0 30	<u>4</u> /	_	JiLE, FLOND!	<u> </u>
(b)	Sherry H. Clements					PH .
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u></u>	_	101	50 th Wd
						05
	1401 Buell Ct			_		
	NEW Registered Office Address:			_		
	Plant City, FL 33567					
				<del></del>		
	. FL					
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law of a member or authorized representative of a member	registered ( bility comp f the limite imited liab	office ar pany, it i d liabilit pility cor	nd the business offici is hereby confirmed ty company or as oth	e of the reg that the ch nerwise pro	gistered ange(s)
provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to act in performanc for in Cha ereby conf	this cap ze of my upter 60. irm that	oacity. I further agreduties, and I am fan 5, F.S. Or, if this do the limited liability	re to comp niliar with cument is company l	ly with the and accept being filed has been

Signature of Registered Agent