## LATE 94316

(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:								

Office Use Only



900293153569

12/12/16--01026--014 \*\*25.00

DEC 1 3 2016 S. YOUNG SERVING SET STREET, THE NEED AND IN THE NEED 12 PM 4: 12

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	ECT: FLORIDA SKIES INVESTING	LLC					
50232	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this r	natter to the f	following:				
Donn	a Bertucci						
	Name of Person		_				
Corp	orate Direct, Inc						
	Firm/Company		<del></del>				
2248	Meridian Blvd. Suite H						
	Address		<del></del>				
Mind	en, NV 89423		<ul><li>「大阪の地元」というできる。ことは、</li></ul>				
	City/State and Zip Code	7 ')	_				
info@	gcorporatedirect.com						
F	E-mail address: (to be used for future annua	l report notifi	ication)				
For fu	rther information concerning this matter, pl	ease call:					
Donr	na Bertucci	775	782-2201				
	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		Re Div P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following a						
	☑ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy				
INHSI	.8 (2/14)						

## 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: FLORIDA	SKIES IN	VESTING L	LLC			
2.	(a)		(b	)				
、	\ <i>/</i>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	·	M	ailing address of limited li (Note: MAY BE POST (		-	
		8 Bassick PI , Box 59		8 Bassick PI , Box 59				
		Westcliffe, CO 81252		Westcliffe	e, CO 81252			
		07/20/2012		L12000094316				
3.		Date of filing/registration in Florida	4.	]	Document number			
5.	(a)							
٥.	(11)	Registered Agent and Registered Office shown on the record	Dept. of State:					
	DETWEILER, GERRI				<b>5</b>	PER		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				DEC			
		1037 GREYSTONE LANE						
		SARASOTA	FL 34232			70 P		
			,			PH	温点	
	(b)	Enter name of NEW Registered Agent and/or NEW Regist				ŧ:	岛灣	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office ad	dress:		2	<del>二</del> 版	
		REGISTERED AGENTS INC.						
		NEW Registered Office Address:						
		3030 N. Rocky Point Drive, STE 150A						
		Tampa	, <sub>FL_</sub> 3360	7				
			, FL					
the ag	e cha ent as/w	imited 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 limite ere authorized by an affirmative vote of the membricles of organization or the operating agreement of	ss of the regi ed liability c ers of the lin	stered office ompany, it is nited liability	and the business offither the company or as other than the company or as other	ice of the re at the chang	gistered ge(s)	
	,	Atoma Derticos		Don	na Bert	UCCI		
	Signa	ature of a member or authorized representative of a member			Printed or typed name of	signee		
pr th to	ovis e ob mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of this change.	olete perform wided for in ss, I hereby o	t in this capa nance of my a Chapter 605 confirm that i	acity. I further agree duties, and I am famil , F.S. Or, if this docu the limited liability co	to comply v liar with an iment is bei ompany has	vith the d accept ng filed been	
- C		are of Registered Agent	ecretary					

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