L12000094316

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TO:

INHS18 (2/14)

Registration Section

Division of Corporations FLORIDA SKIES INVESTING 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 correspondence concerning this matter to the following: Sydney Grice Name of Person Anderson Business Advisors Firm/Company 3225 McLeod Drive, #100 Address Las Vegas, NV 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sydney Grice 800 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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.

I. Na	me of the limited liability company: FLORIDA S	KIES IN\	/ESTING LLC
2. (a)	8015 Pine Hollow Dr	(b	8015 Pine Hollow Dr
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	Mount Dora, FL 32757	~ 	LaMount Dora, FL 32757
	07/20/2012	 	L12000094316
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	REGISTERED AGENTS INC Registered Agent and Registered Office shown on the records of		
(b)	Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH STREET NORTH SUITE 300 ST.PETERSBURG . F Anderson Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered 625 E. Twiggs Street, Suite 110 NEW Registered Office Address:	_L 33702	FILED JAN 24 AMII: JRETARY OF STALLAHASSEE, F
	TampaF	_{L_} 33602	<u> </u>
the cha agent v was/we the arti Signal	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the united large of a member or authorized representative of a member of a member or authorized representative of a member	of the regis liability co of the lim e limited l	tered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company. Printed or typed name of signer.

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 provided for in Chapter 605, 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.

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

Signature of Register Agent