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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: SKytelligent 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:							
Kellie Foreman Name of Person							
Skytelligent LLC Firm/Company							
15411 Winter Breeze lane Address							
Wirnauma F 33598 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Kellie Foreman at (813) 758-8853 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 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy							
INHS18 (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	Name of the limited liability company:	<u>. </u>		
2. (a	1))(b)			
		Principal office address of limited liability company: Mail	ling address of limited Note: MAY BE POST		
		15411 Winter Breaze ane 15411	1 Winter	Breez	<u>clan</u> e
		Wimauma FT 33598 Wimau	uma Fi	335	FB
		May 16th 2014 L130	0004309	3	
3.			ocument number		
5. (a)	Kellie Foreman			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		15411 Winter Breeze lane			
		Wimauma, FL 33598	•		-
(1					- 1-
(l	"	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
				C.	o i
		, 			g 1
		NEW Registered Office Address:		· ·	,
		15411 Winter Breeze lane		3>1 = =	-
		Wimauma ,FL 33598			
If the	e li	limited liability company is not organized under the laws of the State of Florid	la it is hereby cor	nfirmed that	after
the c	ha	nange or changes are made, the Florida street address of the registered office ar	nd the business of	fice of the r	egistered
was/	ιν W¢	will be identical. Or, in the case of a Florida limited liability company, it is he were authorized by an affirmative vote of the members of the limited liability or	ompany or as other	nat the chan rwise provi	ige(s) ided in
		ticles of organization or the operating agreement of the limited liability compa	ny.	•	
4	\leq	Sellie Francisco Kellie Francisco de la member de la memb	veman	<u> </u>	· · · · · · · · · · · · · · · · · · ·
				it signee	
prov the o	isi bl. ere	eby accept the appointment as registered agent and agree to act in this capacit sions of all statutes relative to the proper and complete performance of my dut bligations of my position as registered agent as provided for in Chapter 605, F rely reflect a change in the registered office address, I hereby confirm that the ed in writing of this change.	ty. I further agree ies, and I am fam .S. Or, if this doc limited liability c	e to comply iliar with ar cument is be company has	with the ad accept ing filed s been

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

ignature of Registered Agent