L13000070F95

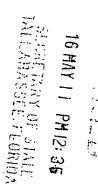
(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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(Document Number)							
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MAY 12 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 9, 2016

Order#: 114823/039

Re: SKYWRITER LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. 1	Name of the limited liability con	npany: SKYWRITER	LLC			
2. (a	5801 Pelican Bay Blvd., 104		(b)	(b) PO Box 7189		
(Principal office address of I			Mailing ac	ddress of limited liability company: MAY BE POST OFFICE BOX)	
			<u></u>			
	Naples	FL 34108		Naples, FL 3410	1	
	05/14/2013		_	L13000070895		
3.	Date of filing/registr	ation in Florida	4.	Docum	ent number	
5. (a) NRAI Services, Inc					
J. (c	Registered Agent and Registered Of	Tice shown on the records of	f the Florida	Dept. of State:		
	1200 South Pine Island Roa	ad		-		
		ST BE FLORIDA STREET	(ADDRESS)			
	registered office reduces paren	THE TECHNOLISTICE	NOUNESSY			
	Plantation		22224			
	Plantation	, r	L 33324		6 m	
(b)	Corporation Service Compa	ny				
	Enter name of NEW Registered Ag	ent and/or NEW Registere	ed Office add	ress:		
					FR 12:	
	1201 Hays Street				S C 12	
	NEW Registered Office Address:					
	Tallahassee	, F	L_32301			
the cl agent was/v	limited liability company is not nange or changes are made, the will be identical. Or, in the case were authorized by an affirmativaticles of organization or the open	Florida street address of a Florida limited li	of the regist liability cor of the limi	ered office and the npany, it is hereby ted liability compa	e business office of the registered confirmed that the change(s)	
	Xie E agni		Jill C	ilmi, Authorized Pe	erson	
Sign	nature of a member or authorized repres	sentative of a member		Printed of	or typed name of signee	
provi the of to me	sions of all statutes relative to t bligations of my position as regi rely reflect a change in the regi ed in writing of this change	he proper and complet istered agent as provid stered office address, i	gree to act i e performa led for in C I hereby co	in this capacity. I nce of my duties, à hapter 605, F.S. (nfirm that the limit	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been	
Siana	Three of Pagistered Agent C	ca Cokuble	DV. C.	ooo E. Vieler A	st Vice Descident	
Signa	ture of Registered Agent Corporation	on Service Company	וט:זמ	ace E. Kirdy, Ass	st. Vice President	

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