L13000114066

(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



400398002694

11.72.721--01135--002 **25.00

2022 HOV 21 PH 5: 27

FEB 2 0

COVER LETTER

Division of Corporations SKYBOX SPORTS LLC	
MOIRCT.	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	range and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	
NADJO ("JOE") CAPUANO	
Name of Person	
SKYBOX SPORTS LLC	
Firm/Company	
7217 NORTH SERENOA DRIVE	
Address	
SARASOTA, FL 34241-9273	
City/State and Zip Code	
JOE@SKYBOXSPORTSLLC.COM	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
NADJO ("JOE") CAPUANO	941 961-3575
Name of Person	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 amo	ount:
■ \$25 Filing Fee	☐ \$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. N:	ame of the limited liability company: SKYBOX SPORT	rs ll	C				
2. (a)	722 APEX ROAD, UNIT C		(b)	7217 NOF	RTH SERENOA D	DRIVE	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	\ - ,		-	imited liability company: POST OFFICE BOX)	
	SARASOTA, FL 34240	_		SARASOT	ΓA, FL 34241		
3.	Date of filing/registration in Florida	— - 4.	-		Document numb	her	
	NADIO CAPUANO						
5. (a)	Registered Agent and Registered Office shown on the records of a 912 LITHIA PINECREST ROAD	the Flo	rida I	Dept. of State	- v:		
	Registered Office Address BRANDON, FL 33511	1DDR	ESS)		-		
	FL				-	ſĂĹĹ/	2022 HOV
(b)	ROB MALLETT				_	SVIII	NOH 2
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ndd	ress:		SEE 	2
	WEST COAST ACCOUNTING INC.				_	, ,	PH 5
	NEW Registered Office Address:			_	-	RID.	5: 27
	3569 WEBBER STREET				_	ž.	~
	SARASOTA, FL	34239)		_		
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	regist bility f the l limite	ered con limit d lia	office and opening of the office of the offi	d the business of s hereby confirm y company or as ipany.	Tice of the registered ed that the change(s)	
Signa	sturctof a member or authorized representative of a member	-			Printed or typed na	ame of signee	_
provisa the obi to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I h d'in writing of this mange.	perfes	777777	ce of my c	luties and Lami	Tamiliar with and acc	1111
Signatu	pp of Registered Agent						