## Division of Corporations

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(((H190000611353)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

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E11	Address:			

## LLC REGISTERED AGENT CHANGE SKY VILLA 3 LLC

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S. PRATHER

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## 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.

2. (a)						
	2107 Mt. Olympus Dr.	(b) 2107 Mt. Olympus Dr.				
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Los Angeles, CA 90046	Los A	Los Angeles, CA 90046			
	12/06/2013	L130	00169338			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	OUAZANAN, ASHER					
J. (a)	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept. of	State:			
	20801 Biscayne Blvd		<u></u> 20			
	Registered Office Address (MUST BE FLORIDA STR					
	SUITE 400		2019 FEB 22			
	Aventura	<sub>, FL</sub> 33180	22 <b>A</b> FT			
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Agent Age	stered Office address:	E.F.E.			
	NEW Registered Office Address:		<del></del>			
	STE 300		<del></del>			
	St. Petersburg	. FL 33702				
the ch agent was/w the art	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the registered o ted liability company, bers of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.			
Signa	ature of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee			
provis the ob to mer natifie	thy accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as provedy reflect a change in the registered office address of this change.  Bill Havre - Assi	d agree to act in this plete performance of ovided for in Chapter sss, I hereby confirm t stant Secretary	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed that the limited liability company has been			