## L 14000176708

(Requ	uestor's Name)				
(Addr	ess)				
(Addr	ess)	<del></del>			
(City/	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	ling Officer:				
		1			

Office Use Only



700292321247

11/16/16--01010--013 \*\*275.00

SECRETARY OF STATE A

D. BRUCE NOV 1 8 2016

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:SK\	YCENTRO IN	IVESTMENTS LLC	
Nan	ne of Limited Li	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
Penelope B. Perez-Kelly			
Name of Person		-	
Fisher Rushmer, P.A.			
Firm/Company		<del></del>	
390 North Orange Avenue, Suite 2200	ļ		
Address			
Orlando, Florida 32801			
City/State and Zip Code		<del></del>	
pperezkelly@fisherlawfirm.com			
E-mail address: (to be used for future and	nual report notif	ication)	<b>.</b> →
For further information concerning this matter	, please call:		2016 NOV SECRETA
Penelope B. Perez-Kelly	407	843-2111	NOV I
Name of Person	#? ( <u></u>	Area Code & Daytime Telep	phone Mimber
STREET/COURIER ADDRESS:	М	AILING ADDRESS:	
Registration Section	Registration Section		점점 12
Division of Corporations	Division of Corporations		40 30 30 40 8
Clifton Building	P.O. Box 6327		<b>⊳ ∞</b>
2661 Executive Center Circle Tallahassee, Florida 32301	Та	llahassee, Florida 32314	
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy	<i>t</i>
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	ame of the limited liability company: SKYCENT	RO INVI	ESTMEN	ITS LLC		·	
2. (a)		(b	)				
_: (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		, <u> </u>	Mailing address of (Note: MAY BE			
	5838 Collins Avenue, 7B		5838 C	ollins Avenue	, 7B		
	Miami Beach, Florida 33140		Miami E	Beach, Florida	33140		
	11/13/2014		L14000	176708			
3.	Date of filing/registration in Florida	4.		Document nun	her		
5. (a)							
(,	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stu	ne:			
	Penelope B. Perez-Kelly						
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS	l .	<del></del>			
	2295 S. Hiawassee Road, 302						
	Orlando	L 32835		-			
(b)	Enter name of NEW Registered Agent and/or NEW Registere			•••			
	Enter name of NEW Registered Agent and/or NEW Registers	d Office ade	<u>lress</u> :		≱છ	25	
	Penelope B. Perez-Kelly				ECRE	AUN 9102	
	NEW Registered Office Address:				TAR IASS	AC	-
	390 North Orange Avenue, Suite 2200			_	£ ¥≅		
	Orlando	. 32801		_	OF STA	ći C	ED
the changent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the of the regis liability co	State of Factoring State of Fact	ce and the busine is hereby confir ity company or a	ox confirmess of fice	ned that of the r	egistered ree(s)
		Edu	iardo A.	Zavala			
	sture of a member of authorized representative of a member	<del></del>	<del></del>	Printed or typed	•		
to mer	thy accept the appointment as registered agent and as ions of all statutes relative to the proper and complet the acceptance of my position as registered agent as provided by reflect a change in the registered office address. If the property in this statute.	gree to act le performe led for in C I hereby co	in this ca ince of my hapter 60, infirm tha	pacity, I further duties, and I an )5, F.S. Or, if th t the limited liab	agree to 1 familiar is docume ility comp	comply with an ent is be oany ha.	with the ad accept ing filed s been
Signati	are of Registered Agent						

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

INHS18 (2/14)

1 , , 4