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## COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	·				
SABlueskys SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:				
William Hume					
Name of Person					
SABlueskys, LLC					
Firm/Company					
303 Anastasia Blvd Suite 151					
Address					
St Augustine, FL 32080					
City/State and Zip Code	<del></del>				
BILLH727@AOL.COM					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
William Hume	781 789-3186				
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	g amount:				
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Na	ame of the limited liability company: SABlueskys,	LLC		
2. (a)	SABlueskys	(t	SABlue	eskys
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	303 Anastasia Blvd Suite 151		Same	
	St Augustine, FL 32080			
	Jan 25, 2016		L150000	)42454
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	United States Corp Agents			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of St	nte:
	Registered Office Address (MUST BE FLORIDA STREET)  13302 Winding Oak Court	ADDRESS	<u> </u>	_
	Tampa . FL	33612		_
45	William Hume			20 T
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	E II
				(
	NEW Registered Office Address:			
	303 Anastasia Blvd Suite 151			– ;- <b>∽</b>
	St Augustine, FL	32080		· . <b>6</b>
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of seles of organization or the operating agreement of the	ws of the f the regi ability co of the lin limited	State of F stered offi ompany, it nited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a drange in the registered office address. It is writing of this change.	perform	ance of m	y duties, and I am familiar with and accept
Signage	re of Registered Agent			