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## CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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2.		(CORPORATE NAME AND DOCU	JMENT #)
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SPI	ECIA	L INSTRUCTIONS:	

### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	SKY HIGH PAINTING LLC		
	Name	of Limited Lia	bility Company
Dear S	ir or Madam:		1
The en	closed Registered Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the fo	ollowing:
CLIF	FORD W. DAVIS		
	Name of Person		_
SKY	HIGH PAINTING LLC		
	Firm/Company		<del></del>
6459	RIVER RD.		_
	Address		_
NEW	SMYRNA BEACH FL. 32169		
	City/State and Zip Code		_
SKY	HIGHPAINTING@GMAIL.COM		
E	-mail address: (to be used for future annu	al report notific	ation)
For fur	ther information concerning this matter, p	lease call:	
CLIFE	FORD W. DAVIS	386	847 0695
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:
	Registration Section		istration Section
	Division of Corporations		sion of Corporations
	Clifton Building P.O. Box 6327		
	2661 Executive Center Circle		ahassee, Florida 32314
	Tallahassee, Florida 32301		, ·
	Enclosed is a check for the following a	mount:	
	S25 Filing Fee	□ \$55	Filing Fee & Certified Copy
INHSI	8 (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.

NEW SMYRNA BEACH  NEW SMYRNA BEACH  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  CLIFFORD W. DAVIS  Interest the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and act the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fully in provided in the registered nifice address, I hereby confirm that the limited liability company has been notified in provided agent  Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 6459 RIVER RD.	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  VER RD.
ALEX H. SASSE  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Office Address (MUST RE FLORIDA STREET ADDRESS)  1276 TATUM BLVD  NEW SMYRNA BEACH  FL 32168  Enter name of NEW Registered Agent and/or NEW Registered Office address:  6459 RIVER RD.  NEW SMYRNA BEACH  FL 32169  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered was were authorized of a florida limited liability company, it is hereby confirmed that the change(s) was were authorized of a florida limited liability company, it is hereby confirmed that the change(s) was were authorized of a florida limited liability company.  CLIFFORD W. DAVIS  In the proper of the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all status relative to the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the other of the proper and complete performance of my duties, and I am familiar with and act the o		NEW SMYRNA BEACH FL. 32169		NEW S	MYRNA BEACH FL. 32169
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