Division of Corporations

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To:	Division of Corporations	18 ¹
From:	Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC.	\ <u>C</u>
	Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE SKY GROUP USA, LLC

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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.

Na	me of the limited liability company: SKY GF	ROUP U	SA, LLC	
	107EO NIM 6th CT		(b) 2637 E ATLANTIC BLVD	
(4)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33187		31889	
		P	OMPANO BEACH, FL 33062	
	03/31/2015	L1	5000056855	
	Date of filing/registration in Florida	4.	Document number	
	Seltzer Mayberg LLC			
(a)	Registered Agent and Registered Office shown on the records	of the Florida De	pt, of State:	
	10750 NW 6th CT			
Registered Office Address (MUST BE FLORIDA STREET AL		T ADDRESS)		
	The state of the s			
	Miami	_{FL} 33187		
	Desistand Agents Inc		<u>a.</u>	
Registered Agents Inc.				
	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	#- 25	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300		· 	
	St. Petersburg	_{FL} 33702		
ne cha gent v ras/w ne art Signa	imited liability company is not organized under the ange 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 member icles of organization or the operating agreement of the florida member or authorized representative of a member	laws of the Sta of the register Hiability comp is of the limite he limited liab	ed office and the business office of the registere bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in sility company. Park Printed or typed name of signee	
rovis he ob o mer ouifie	by accept the appointment as registered agent and a sions of all statutes relative to the proper and completing to the proper and completing to the proper and completing to make the proper and completing agent as provided reflect a change in the registered office address, and in writing of this change. Bill Havre - Assist	010 NATTARINAN	ye of my aimes, and r am familiar with and accepyoner 605, F.S. Or, if this document is being filed irm that the limited liability company has been	