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(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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TALL AHASSES, FLORIO

HAY LARRIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscqlobal.com

Date: May 9, 2016

Order#: 114823/038

Re: SKYLIFTER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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 /-) 580 ⁴	5801 Pelican Bay Blvd, Ste 104) _ PO Bo	x 7189		
2. (a	i) <u>300</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	', _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
					Naples, I	ples, FL 34101		
	0				L15000137557			
3.		Date of filing/regist	tration in Florida	4.		Document number		
5 (a) N	RAI Corporate Services	2					
5. (· ,	stered Agent and Registered (of the Florida	a Dept. of State	- e:		
		<u> </u>			·			
		5 E Park Ave stered Office Address (M)	UST BE FLORIDA STREI	ET ADDRES	7)	-		
	Regis	stered Office Address [Int	UST DE TEORIDA STREE	LI ADDRESS	27			
						<u>.</u>		
	Tal	llahassee		FL 32301	1			
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(b)) Cor	poration Service Comp	any			ALL:	ਲੀ	
	Enter name of NEW Registered Agent and/or NEW Registered Office as				dress:	A.R.	HAY I	
						AS.	_	Paradeser. 1980 y mais
	120	1201 Hays Street						
	NEW	NEW Registered Office Address:				- <u> </u>	₽.	
						F STATE FLORIDA		-
						- RIP	သ	
	Tall	ahassee		Er 22204		2.5		
	1 all	allassee	,	FL 32301		-		
the cagen was/	hange of t will be were au	d liability company is not changes are made, the eidentical. Or, in the couthorized by an affirmate of organization or the open and the country of the count	e Florida street address ase of a Florida limited ive vote of the membe perating agreement of	s of the regind liability course of the limited limite	stered office ompany, it in nited liability liability con	e and the business off s hereby confirmed the y company or as othe	ice of nat the	the registered change(s)
Sig	nature of	a member or authorized repr			, , , , , , , , , , , , , , , , , ,	Printed or typed name o	f signee	
I he. prov the o	reby acci isions o obligations	cept the appointment as fall statutes relative to ons of my position as re flect a change in the re	s registered agent and the proper and compl gistered agent as prov	agree to act ete perform ided for in (t in this cap ance of my Chapter 605	acity. I further agree duties, and I am fami 5, F.S. Or, if this doc	to cor liar wi ument	nply with the th and accep is being filed

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