US000159482

| (Req | uestor's Name) | |
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| (Add | ress) | - |
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| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number) | <u>. </u> |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

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| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: SKB AND COMPANY, LLC Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Stuart Brooks Name of Person | | |
| SKB AND COMPANY, LLC Firm/Company | | |
| 3080 N Course Dr. Apt 208 Address | | |
| Pompano Beach, Fl. 33069 City/State and Zip Code | | |
| SKBANDCOMPANY Q yahoo. Com E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| Stuart Brooks at (561) 316-0502 | | |
| Name of Person Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: Parity of the Courier Section Sectio | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | |
| Clifton Building P.O. Box 6327 | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | |
| Enclosed is a check for the following amount: | | |
| \$25 Filing Fee & Certified Copy | | |

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.

| l. Na | ame of the limited liability company: <u>SKB AND COMPANY, LLC</u> |
|--|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3080 N Course Dr. Apt 208 |
| | Pompano Beach, Fl. 33069 Pompano Beach, Fl 33069 |
| | Sept 16, 2015 Date of filing/registration in Florida L15000157482 Document number Chavenne Masseley US Corporation Agents TNC. |
| 3. (a) | Chevenne Moseley US Corporation Agents, INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| (b) | 13302 Winding OAK Court Tampa .FL 33612 Stuart Brooks |
| ` , | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | 3080 N Course Pr. Apt 208 |
| t Calcol | Pompano Beach FL 33069 |
| the cha agent v was/we the arti | imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. Shooks Tunnel Brooks Printed or typed name of signee |
| I here provisi the obl to merc | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been |

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

Signature of Registered Agent