L16000060449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 16 2016

Y SULKER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

MANUEL A FERNANDEZ
8400 NW 36TH ST #450
DORAL, FL 33166

SUBJECT: SKYBLUX, LLC
Ref. Number: L16000060449

We have received your document for SKYBLUX, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 916A00021133

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYBLUX 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:

MANUEL FERNANDEZ
Name of Person

SKYBLUX LLC
Firm/Company

8400 NW 36th ST #450
Address

DORAL FL 33166
City/State and Zip Code

manuel@skyblux.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL FERNANDEZ at (787) 3722501
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 amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (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.

1. Name of the limited liability company: SKYBLUX LLC

2. (a) SKYBLUX LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
8400 NW 36th ST #450
DORAL FL 33166

(b) SKYBLUX LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
8400 NW 36th ST #450
DORAL FL. 33166

3. Date of filing/registration in Florida: 03/25/2016

4. Document number: L16000060449

5. (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MANUEL FERNANDEZ
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2197 SALERNO CIR
WESTON, FL 33327

(b)
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
MANUEL FERNANDEZ
NEW Registered Office Address:
8400 NW 36th ST #450
DORAL, FL 33166

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16 NOV 14 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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 by 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.

Signature of a member or authorized representative of a member

MANUEL FERNANDEZ
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2/14)