U17000029183

(Requestor's Name)							
(Address)							
(Address)							
(13300)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(essentially,							
Out to 10 the							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

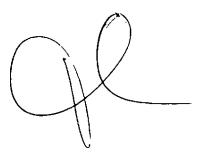




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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

1. N	ame of the limited liability company: SKIB, LLC					_	
2. (a)	730 S. ATLANTIC AVE.		(b)	730 S. ATLANTIC AVE.			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-).		dress of limited liability company: MAY BE POST OFFICE BOX)		
	SUITE 102			SUITE 102			
	ORMOND BEACH, FL 32176	_	_	ORMOND BEACH, FL 32176			
	02/08/2017		1.	17000029183			
3.	Date of filing/registration in Florida	4.	_	Document number			<u>, , , , , , , , , , , , , , , , , , , </u>
5. (a)	ALTON L LIGHTSEY						
J. (a)	Registered Agent and Registered Office shown on the records of a	Dept. of State:		~			
					-	022	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					NO	
	2105 PARK AVENUE NORTH					2022 NOV 29	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	WINTER PARK , FL 32789						577
(b)				<u> </u>	-, 15	60 :h Hd	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	222 W COMSTOCK AVENUE						
	NEW Registered Office Address:			 -			
	SUITE 200	_					
	WINTER PARK FL	32789)				
chang agent was/w	limited liability company is not organized under the law ee or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist ability of the l limite	ered com limit d lia	office and the business office open, it is hereby confirmed ed liability company or as other.	e of	the reg	istered
Sign	ature of a member or authorized representative of a member	_		Printed or typed name	of si	gnee	
provis the ob to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I l ed injuriting of this change.	ee to e perfor d for i hereby	act it rman n Ch r con	n this capacity. I further agre ace of my duties, and I am jan apter 605, F.S. Or, if this do afirm that the limited liability	ee to nilia cum com	compler with ent is lipany h	ly with the and accept being filed as been