## 11700098848

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

Office Use Only



800304242638

19/19/17--91918--912 \*\*25.99

D. SCOTT 0CT 12 **2017** 

## COVER LETTER

| Division of Corporations  |              |  |                  |
|---|--------------|--|------------------|
| SUBJECT: Subject: Name  | e of Limite  | d Liability Company  | <del></del> .    |
| Dear Sir or Madam:  |              |  |                  |
| Dear 311 of Madain.   |              |  |                  |
| The enclosed Registered Agent/Registered Office   | ce Change    | and fee(s) are submitted for f   | iling.           |
| Please return all correspondence concerning this  | s matter to  | the following:   |                  |
| Seth Abels  |              |  |                  |
| Name of Person  | ·            |  |                  |
| Skye Home Watch LLC   |              |  |                  |
| Firm/Company  |              |  |                  |
| 4952 Sheridan St.   |              |  | 100              |
| Address   |              | <del></del>  |                  |
| Hollywood, FL 33021   |              |  | : 5              |
| City/State and Zip Code   |              | <del></del>  |                  |
| sethabels@hotmail.com   |              |  | 5                |
| E-mail address: (to be used for future annual   | ual report n | otification)   |                  |
| For further information concerning this matter,   | please call: |  |                  |
| Seth Abels  | 754          | 610-5723   |                  |
| Name of Person  | _ ~ (        | Area Code & Daytime  | Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle |              | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |                  |
| Tallahassee, Florida 32301  |              | Tallahassee, Florida 32314   |                  |
| Enclosed is a check for the following   | amount:      |  |                  |
| ■ \$25 Filing Fee   |              | \$55 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.

| 2. (a)                     | 4952 Sheridan St., Hollywood FL 33021  | (b) 49  | (b) 4952 Sheridan St., Hollywood FL 33021   |  |  |
|----------------------------|--|---|---|--|--|
| ,                          | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |  |
|                            | May 3, 2017  |   | 7000098848  |  |  |
|                            | Date of filing/registration in Florida   | 4.  | Document number   |  |  |
| . (a)                      | Seth Abels   |   |   |  |  |
|                            | Registered Agent and Registered Office shown on the records of   | the Florida Dep   | ot. of State:   |  |  |
|                            | Registered Office Address (MUST BE FLORIDA STREET) 2996 Lakewood Lane  | ADDRESS)  |   |  |  |
|                            | Hollywood  | 33021   |   |  |  |
|                            | ,  | <u></u>   |   |  |  |
| (b)                        | Enter name of NEW Registered Agent and/or NEW Registered   | l Office address  | <del></del>   |  |  |
|                            | Fine: fame of NEW Registered Agent and or NEW Registered   | 1 Onice andress   |   |  |  |
|                            | 4952 Sheridan St.  |   | 3 1-  |  |  |
|                            | NEW Registered Office Address:   |   |   |  |  |
|                            | Hollywood  |   | 100 mm 1  |  |  |
|                            | F  | _33021  | <u></u>   |  |  |
| ne cha<br>gent v<br>/as/wo | imited liability company is not organized under the la<br>inge or changes are made, the Florida street address o<br>will be identical. Or, in the case of a Florida limited li-<br>ere authorized by an affirmative vote of the members<br>icles of organization or the operating agreement of the | ws of the Sta<br>f the registere<br>iability composited | ed office and the business office of the registere<br>any, it is hereby confirmed that the change(s)<br>I liability company or as otherwise provided in<br>ility company. |  |  |
| Signa                      | ore of a member or authorized representative of a member   | - <del></del>   | Printed or typed name of signee   |  |  |
| rovisi<br>he obl<br>o mere | by accept the appointment as registered agent and agent on sof all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.  | r performance<br>ed for in Chaj                         | e of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file  |  |  |
|                            | 11 11 11   |   |   |  |  |