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(F	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:						

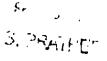
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI					
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	sclosed Registered Agent/Registered Of	ffice Change and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to the fo	llowing:		
SAUT	OT, Arthur Jean Henry				
	Name of Person		-		
Nighti	ingale Skies, LLC.				
	Firm/Company		_		
146 2	nd St N - #310-CC				
	Address				
St Pe	tersburg FL 33701				
	City/State and Zip Code		_		
sauto	t@nightingale-skies.com				
E	-mail address: (to be used for future an	nnual report notific	ation)		
For fur	ther information concerning this matte	r, please call:			
SAUT	OT, Arthur Jean Henry	941	735-7496		
	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	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
	Enclosed is a check for the followin	g 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.

L. N	ame of the limited liability company: Nightingale S	kies, LL	-C.	
2. (a)	146 2nd St N #310-CC	(b)	,) 146 2nd St N #310-CC	
1,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St Petersburg FL 33701		St Petersburg FL 33701	
	08/11/2017	 L	L17000172628	
3.	Date of filing/registration in Florida	4.	Document number	_
5. (a)	CATTIN, David			
(,	Registered Agent and Registered Office shown on the records of 8191 N. TAMIAMI TRL.	the Florida	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u> </u>	
	SARASOTA	34243		
	, rt	~	 ;	
(b)	ROLLIN BONNIEL, Alfred Emilio			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:	
	330 3rd St S - #1004			
	NEW Registered Office Address:	_		
	ST PETERSBURG FI			
signa I here provise the obt to men	dimited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the nurse of a member or authorized representative of a member of the divided of the appointment as registered agent and against of all statutes relative to the proper and complete ligations of my position as registered agent as provided of the organization of the change in the registered office address, I did now it in a provide of the change.	f the regist lability color the limited limite	stered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. r	<u>И</u> [