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COVER LETTER .

TO:	Registration Section Division of Corporations								
SUBJI	Blue Sky Analytics, LLC								
	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Office	: Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning this	matter to the	following:						
Derel	k Pauley								
	Name of Person		_	2 12 3					
Pract	ice Performance, LLC			i, 4 .163					
	Firm/Company		_	25 25 27					
3211	Estancia Lane			Ū					
	Address		_	## ##					
Boyn	ton Beach, FL 33435								
	City/State and Zip Code								
paule	yd2002@yahoo.com								
E	-mail address: (to be used for future annua	l report notif	ication)						
For fur	ther information concerning this matter. pl	ease call:							
Derei	c Pauley	954 at (290-8918						
	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	Re Di [,] P.C	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314						
	Enclosed is a check for the following as	mount:							
	☑ \$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.	Na	me of the limited liability company: Blue Sky Anal	ytics,	LLC				
2.				b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	• • •		
		130 SE Tramonto St		130 SE	Tramonto St	-		
		Port St Lucie, FL 34984	_	Port St I	Lucie, FL 34984			
		11/22/2017		L170002	41774			
3.		Date of filing/registration in Florida	4.		Document number			
5	(a)	Morgenier, III, Louis C				~2		
5. (a)	(4)	Registered Agent and Registered Office shown on the records of the	stered Agent and Registered Office shown on the records of the Florida Dept. of State			AU UA		
		Registered Office Address (MUST BE FLORIDA STREET A	-					
		Port ST Lucie FL_	34984	<u> </u>	•	(
(b)	()	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		NEW Registered Office Address:			_			
		3211 Estancia Ln			_			
		Boynton Beach	3498 4	F 3343	<u>.</u> 5			
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility of the lit limited	istered offic- ompany, it i nited liabilit	e and the business of s hereby confirmed to y company or as oth inpany.	ffice of the registere that the change(s)		
S	ignat	ue of a member or muharized representative of a member	_		Printed or typed name	of signee		
pro the to i not	obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the change of the change of the change.	re to ac perforn for in ereby c	t in this cap nance of my Chapter 60: confirm that	acity. I further agreduties, and I am fam 5, F.S. Or, if this docton the limited liability of	ee to comply with the niliar with and accep cument is being filed company has been		