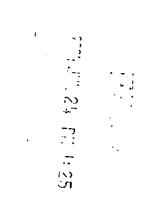


(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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07/24/24--01017--022 **75.03



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Change Registered Agent Name of Limi SKYE DOC		Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Office Chang	e and	I fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to	o the	following:
<u>Ebrahi</u>	m H. Karkevandian Name of Person	_	
	Firm/Company		
14730	Waterchase Blvd. Address		<u> </u>
<u>Tam</u>	pa, FL 33626 City/State and Zip Code	<u> </u>	
ebkai	rkevandian@yahoo.com E-mail address: (to be used for future annual report	t noti	fication)
For fu	orther information concerning this matter, please ca	ıll:	
Ebra	ahim H. Karkevandian at (at (813)606-8004 Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:	:	
	\$25 Filing Fee	a :	\$55 Filing Fee & Certified Copy
INHSI	1 18 (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.

~· (a) .	Principal office address 611					
	respective address of limited liability company.	((b)	M-20		
	(Note: MUST BE STREET ADDRESS)			mailing address of limit	led liability co	omnanv.
	14730 Waterchase Blvd.			(Note: MAY BE PO.	SIUFFICE	<u> BOX)</u>
			14730	Waterchase Blvd.		
	Tampa, FL 33626		Tampa	1.FL 33626		
	·			!		
	03/22/2012		1 19000	0240500		
	Date of filing/registration in Florida	— 4.		0248506 Document number		
. (a)				Document number	3	
	egistered Agent and Registered Office shown on the records of			_	-	
		the Florida	Dept. of Stat	le:	}	• •
_ R	Ebrahim H. Karkevandian egistered Office Address (MUST BE FLORIDA STREET)				25	
	- I SOME TARE	1DDRESS	!	_		
-	14730 Waterchase Blvd.				: :	-
				-		
	lampa ,				••	
(b)	FL. FL. er name of NEW Registered Agent and/or NEW Registered of			•	 	
En	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>			•		
En Ne	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (MR LAW Firm, P.A.</u> W Registered Office Address:			•		
En Ne	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>					
En Ne	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (MR LAW Firm, P.A.</u> W Registered Office Address:					,
En Ne	MR LAW Firm, P.A. W Registered Address: 502 N. Dala Mabry Hwy., Suite 200	Office addi				ı
En A	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (MR LAW Firm, P.A.</u> W Registered Office Address: 502 N. Dale Mabry Hwy., Suite 200	Office addi	ress:		Jn	,
En NE 14	MR LAW Firm, P.A. W Registered Office Address: 502 N. Dale Mabry Hwy., Suite 200 ampa d liability company is not organized under the laws	Office addi	ate of Flori	da, it is hereby confir	<i>3</i> n	, •
En NE 14	MR LAW Firm, P.A. W Registered Office Address: 502 N. Dale Mabry Hwy., Suite 200 ampa d liability company is not organized under the laws hanges are made, the Florida street address of the received.	Office addi	ate of Flori	da, it is hereby confir the business office of	med that a	fter the
En NE 14	MR LAW Firm, P.A. W Registered Office Address: 502 N. Dale Mabry Hwy., Suite 200 ampa d liability company is not organized under the laws hanges are made, the Florida street address of the ree identical. Or, in the case of a Florida limited liability in the case of a Florida limited liability or an affirmation of the case of the ree identical.	of the Street of lity comp	ate of Flori	ereby confirmed that	med that a	fter the red
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00