## 119000008099

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

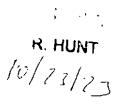
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## **COVER LETTER**

SUBJECT: SKY RIDGE PROPERTIES, LLC			
Nar	me of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Timothy Woodall			
Name of Person			
SKY RIDGE PROPERTIES, LLC	•	202	≅,
Firm/Company	<del></del>	2023 OCT	S SO MOISIALS
12555 Orange Drive #4176		23	525 537 537 537
Address	· ·	PH 12: 40	700 **
Davie, FL 33330		: 40	
City/State and Zip Code			
tim_woodall@yahoo.com	•		
E-mail address: (to be used for future and	nual report notification)		
For further information concerning this matter.	, please call:		
Timothy Woodall	954 8824158 at ( ) •		
Name of Person	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 Tallahässee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following	•		
■ \$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.

L Na	ame of the limited liability company: SKY RIDGE PRO	OPERTIES, LLC
2. (a)		(b)
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	12555 Orange Dive # 4176	POBOX 551693
	DAVIE , FL 33330	FT LAUDERDALE, FL 33355
	01/07/2019	L19000008099
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida Woodall, Timothy	4. Document number
J. ()	Registered Agent and Registered Office shown on the records of t 4900 S. UNIVERSITY DR. SUITE 207D-1	f the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)  Davie	"ADDRESS)
(b)	Woodall, Timothy	2023 OCT
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	
	12555 Orange Drive #4176	PM 12: 4
	NEW Registered Office Address:	——————————————————————————————————————
	Davie	• • • • • • • • • • • • • • • • • • •
	FL	L
Signa  I here provisithe oblito mero	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agree	was of the State of Florida, it is hereby confirmed that after the cregistered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in climited liability company.  Timothy Woodall  Printed or typed name of signce  tree to act in this capacity. I further agree to comply with the capacity and I am familiar with and accept and for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent