L19000113489

(Reque	estor's Name)						
(Addre	·ss)						
(Addre	:ss)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Busin	ess Entity Nar	me)					
(Document Number)							
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



900441424629

12/30/24--01044--012 **25.00

PILED 124 DEC 30 PM 4: 10 ECRE ANY SI SIATE





December 24, 2024

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

> Re: Skyeblu Properties, LLC

Dear Sir or Madam:

Please file the enclosed Statement of Change of Registered Office or Registered Agent for the above-referenced limited liability company. A check in the amount of \$25.00 is included in payment of your fee.

If you have questions or if additional information is needed, please contact Zac Westmoreland at (919) 493-6351 ext. 106.

Thank you for your assistance with this matter.

Very truly yours,

TRUSTCOUNSEL

(Ms.) Terry W. Curro, Paralegal

twcurro@trustcounselpa.com

Luy W. Cuno

Enclosures

Phone: 919.493.6351 Fax: 919.493.6355



Fax: 919.493.6355

COVER LETTER

TO: Registration Section Division of Corporations	
Skyeblu Properties LLC SUBJECT:	
Name of Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fcc(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Gregory Herman-Giddens	
Name of Person	
TrustCounsel	
Firm/Company	
1415 Panther Lane Ste, 534	
Address	
Naples, FL 34109	
City/State and Zip Code	
ghgiddens@trustcounsclpa.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Gregory Herman-Giddens 2	933-2097
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 Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
■ \$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. N	ame of the limited liability company: Skyeblu Propert	ties LLC		-			
2. (a)		ſ	h)				
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	·· ,	Mailing address of (Note: MAY)	of limited liab	oility co	mpany:
	5087 Andros Dr		5087	7 Andros Dr			
	Naples, FL 34113		Napl	les, FL 34113			
	February 08, 2024		51606	553826CC			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)	Gregory Herman-Giddens						
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>S)</u>		ro.	2	
	5087 Andros Dr				TAC A	02 ₁	
	Naples, F	FL_34113			LL AF	2 024 DEC 30	7
(b)	TC Agents, LLC		DRE JAWY OF S				
, ,	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ac	<u>idress</u> :		EE.FL	PM 4: 10	Ö
	NEW Registered Office Address:						
	1415 Panther Lane Ste. 534			<u> </u>			
	Naples, F	L 34109					
chang- agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laster authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne register liability co of the lin	ed offi ompany nited li	ce and the business y, it is hereby confi ability company or	s office of the of the street of the street of the street that the street of the stree	he regi he cha	stered nge(s)
	Louise Winstanly	Lou	use M V	Winstanly			
_	ature of a member or authorized representative of a member			Printed or type	~		
provis the ob to mer	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided with reflect a change in the registered office address, led in writing of this change. **Description: **Distribution** **Description** **Descr	gree to ac. se perform led for in (I hereby c	t in this ance o Chapte onfirm	s capacity. I furthe f my duties, and I a r 605, F.S. Or, if t that the limited lia	er agree to o im familiar his docume ibility comp	comply with a out is b cany he	with the and accept eing filed as been
Signati	ure of Registered Agent Manager						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 INHS18 (2/14)