

L19000 233 245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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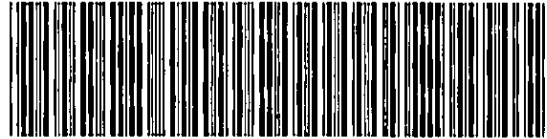
(Business Entity Name)

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TALLAHASSEE, FL

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\$25.00

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D. BRUCE
AUG 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Callsky LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTIAN WITTMUND
Name of Person

Callsky LLC
Firm/Company

1351 NE Miami Gardens Dr. APT 622
Address

Miami Florida 33179
City/State and Zip Code

Callsky2020@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN WITTMUND at 305 927-1604
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FL

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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. Name of the limited liability company: coll sky LLC

2. (a) 1351 NE MIAMI GARDENS DR. (b) 1351 NE MIAMI GARDENS DR.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

APT 622

APT 622

MIAMI, FLORIDA, 33179

MIAMI, FLORIDA, 33179

09-24-2019

L 1900023245

3. Date of filing/registration in Florida

4

Document number

5. (a) CHRISTIAN WITTMUND

Registered Agent and Registered Office shown on the records of the Florida Dept. of State

1351 8600 NW 64 ST ST 4

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI

FL

33166

(b) CHRISTIAN WITTMUND

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1351 NE MIAMI GARDENS DR

NEW Registered Office Address:

APT 622

MIAMI

FL

33179

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

CHRISTIAN WITTMUND

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL

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