

L19000238874

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19990000010
Phone : (561)832-3300
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LLC REGISTERED AGENT CHANGE
SKYPLEX II, LLC

Certificate of Status	0
Certified Copy	0
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JUN 21 2021

A. LUN

890

**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: SKYPLEX II, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1776 PEACHTREE ST. NW, SUITE 100

1776 PEACHTREE ST. NW, SUITE 100

ATLANTA, GA 30309

ATLANTA, GA 30309

09/30/2019

L19000238874

3. Date of filing/registration in Florida 4. Document number

5. (a) HERTZ, CLIFFORD I.

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

ONE NORTH CLEMATIS STREET, SUITE 500

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH, FL 33401

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

360 SOUTH ROSEMARY AVENUE, SUITE 1410

NEW Registered Office Address:

WEST PALM BEACH, FL 33401

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

Jon Brees

Printed or typed name of signee

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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DIVISION OF CORPORATIONS