6/1/2021

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number : (855)330-1010

-Email Address:_

LLC REGISTERED AGENT CHANGE SKYWAY INNOVATIONS LLC

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JUN 02 2021

A. LUNT

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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	.,	SKYWAY	INN	OVATI	ONS LLC			
		me of the limited liability company: SKIVVAI 970 LAKE CARILLON DR			KE CARILLON	DR		-
2. (a	ı) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b	· 	ailing address of limited (Note: MAY BE POST	liability com		-
		STE 300		STE 300	O			_
		SAINT PETERSBURG, FL 33716	_	SAINT PI	ETERSBURG, FL	_ 33716		_
		06/03/20		L200001	51475			
3.		Date of filing/registration in Florida	4.		Document number			
		LEGALINC CORPORATE SERVICES INC.						
5. ((a)	Registered Agent and Registered Office shown on the records of the	ie Florida	Dept. of State		FA:	201	
		5237 SUMMERLIN COMMONS				L A	21 J	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2		#! 25	\equiv	٠.٠
		Suite 400				ASE ASE	2021 JUN - I	
		FORT MYERS FL	33907	7		무대		i _!
ſ	b)	Registered Agents Inc.		· · · · · · · · · · · · · · · · · · ·		GRIDA CRIDA	AK ii: 30	
	,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>dress</u> :				
		7901 4th St N						
		NEW Registered Office Address:						
		STE 300						
		St. Petersburg	33702	2				
the age was the S	cha nt v s/xv art igna	imited liability company is not organized under the law ange or changes are made, the Florida street address of 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 sture of a member or authorized representative of a member by accept the appointment as registered agent and agrifunctions of all statutes relative to the proper and complete	the regional the limited Rile	ompany, it is nited liability liability con ey Park	Printed or typed name of acity. I further agree	hat the cha erwise pro- of signee	wided in	he ent
the to r not	ob ner iffe	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I discripting of this change. Bill Havre - Assistan are of Registered Agent	iereby c	onfirm that	the limited liability of	zompany h	as been	. • •