L20000219279

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

Office Use Only



900369284319

SECRETARY OF STATE

2021 JUL 15 MM 8: 22

SEED JUL 15 PH II: 18



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: July 15, 2021	Account#: I20000000088
Name: KEN HOWELL	
Reference #: 1419691	
Entity Name: SKYWAY LEGAL	SERVICES, LLC
Articles of Incorporation/Authorization to Tra	nsact Business
Amendment	
Change of Agent	ICCLINGS CALL
Reinstatement	ISSUES? CALL KEN:
☐ Conversion	518-213-0738
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25.00	

-- CORPORATE HQ

Signature:

COGENCY GLOBALING 10 E 40 ST 10 FE 510 NY 10016 800.221.0102 +1.212.947.7200

\$25.00



July 15, 2021

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: July 15					
Name: KEN H	OWELL				
Reference #:	1419691				
Entity Name:	SKYWAY L	EGAL SERVICES, LLC			
Articles of Incorp	oration/Authorization	on to Transact Business			
Amendment					
✓ Change of Agent		ISSUES? CALL			
Reinstatement					
☐ Conversion	version 518-213-0738				
☐ Merger					
☐ Dissolution/Withd	irawal				
Fictitious Name					
Other					
Authorized Amount:	\$25.00				
Signature:					

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: SKYWAY LI	EGAL SERV	/ICES, LLC
2. (a)		(b)	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u>No</u>	Change
	August 1, 2020		L20000219279
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
(u)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	
			s 2
	Plantation FL	33324	FIL 2021 JUL 15 SECRETARY TALLAHAS
(b)	COGENCY GLOBAL INC.		TARY AND THE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	115 North Calhoun St., Suite 4		MM 8: 22 SEE, FE
	NEW Registered Office Address:		— M N
	Tallahaaaa	22201	
	Tallahassee, FI,	32301	<u> </u>
the cha agent v was/wo	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registered bility company f the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
/s/ Br	ooke Adler	Brooke Ad	dler
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
l herei provisi he obl to mere polifica	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	ee to act in this performance of I for in Chapte iereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
/s/ Se	ean Honan		
Signatu	re of Registered Agent		

Sean Honan, Assistant Secretary

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