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| (Requestor's Name)                      |  |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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2021 F. 150 LHTS: 55

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2021 DEC 20 AM II: 58
TAILAIMSSEE. ...

DEC 21 7021 IALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 386627 8056101

AUTHORIZATION :

COST LIMIT : \$ 25.00

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ORDER DATE: December 17, 2021

ORDER TIME : 5:48 PM

ORDER NO. : 336627-017

CUSTOMER NO: 8056101

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## CHANGE OF AGENT

NAME: HFB SKY VENTURES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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: HFB SKY VE   | NTURES, L                                       | .LC   |   |   |  |
|--|---|---|---|---|---|--|
| 2. (a  |   |   | o)  |   |   |  |
| 2. (   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |   |   |  |
|  | 605 COMMONWEALTH AVENUE   |   | 605 COMMONWEALTH AVENUE   |   |   |  |
|  | ORLANDO, FL 32803   |   | ORLAND  | OO, FL 32803  |   |  |
|  | 02/11/2021  |   | L2100007  | <b>'</b> 2635   |   |  |
| 3.   | Date of filing/registration in Florida  | 4.  |   | Document number   |   |  |
| 5. (   | a)  |   |   |   |   |  |
| · (  | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  OROSZ, ANDREW J   |   |   |   |   |  |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 605 COMMONWEALTH AVENUE  |   |   | _   |   |  |
|  |   |   |   | _   | 20  |  |
|  | ORLANDO1  | FL  |   | _   | 2021 i  |  |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company   |   |   | _   | 20 PHI2:  |  |
|  | NEW Registered Office Address:  |   |   | _   | : 22  |  |
|  | 1201 Hays Street  |   |   |   | . •   |  |
|  | Tallahassee   | FL_32301  |   | _   |   |  |
| chan<br>agen<br>was/   | e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | he registere<br>liability cons<br>s of the limi | ed office an<br>mpany, it is<br>ited liabilit                                 | id the business office<br>is hereby confirmed the<br>iy company or as othe    | of the registered<br>nat the change(s)  |  |
| /s   | /: Franco Tenerelli   | Fran  | rco Tenere  | lli, Authorized Person  | 1   |  |
| Signature of a member or authorized representative of a member |   |   | Printed or typed name of signee   |   |   |  |
| provi<br>the o<br>to me  | eby accept the appointment as registered agent and a<br>sions of all statutes relative to the proper and comple<br>bligations of my position as registered agent as provid<br>prely reflect a change in the registered office address,<br>ed in writing of this change.                   | ie performa<br>ded for in C<br>I hereby co      | ince of my<br>hapter 605<br>infirm that                                       | duties, and I am fami<br>5, F.S. Or, if this doct<br>the limited liability co | to comply with the<br>liar with and accept<br>ument is being filed<br>ompany has been |  |
| Signa  | Mure of Registered Agent  | Grace E.  | Kirby, As:  | st. Vice President  |   |  |