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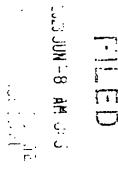
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SKY CDM LLC	
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
HERNAN SUAREZ	
Name of Person	
SKYLINE PSR LLC	
Firm/Company	
1000 QUAYSIDE TER AP 1607	
Address	
MIAMI SHORES, FLORID, 33138	
City/State and Zip Code	
hemansuarezr@hotmail.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, p	lease call:
HERNAN SUAREZ	786-9553729
Name of Person	_ at ()
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 at	mount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	.,

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.

Na	ame of the limited liability company: SKY CDM LLC					
(a)	1000 QUAYISDE TER AP 1607		b)			-
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of l		
	05/05/2021 Date of filing/registration in Florida	_	L21000196			
	Date of thing/registration in Florida	4.		Document num	ber	
(a)	Registered Agent and Registered Office shown on the records of the SUAREZ HERNAN Registered Office Address (MUST BE FLORIDA STREET A)			ate:		
	1100 BRICKELL BAT DR, # 310747			_		
	MAIMI FL ³	33231			اللال ليس. :	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> HERNAN SUAREZ	Office ac	<u>idress</u> :		-8 A出	
	NEW Registered Office Address:					
	1000 QUAYSIDE TER AP 1607			_	•	
	MIAMI SHORES , FL ³	33138		_		
inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistero ility co the lin	ed office arompany, it nited liability con l	nd the business of is hereby confirm ity company or as mpany.	ffice of the sed that the otherwise	registered change(s) provided in
ignat	ure of a member or authorized representative of a member		<u></u>	Printed or typed na	ame of signee	
visie obli nere	ov accept the appointment as registered agent and agree in of all statutes relative to the proper and complete pa igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	erform	ance of my	duties, and Lam.	familiar wi	th and acce