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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE SKYSCRAPER INVESTMENTS LLC

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JAN 25 2024 K. Brumbley

## 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	me of the limited liability company:	ments LL	C	•		
(a)		(b	)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lir (Note: MAY BE F		
		_				
	12/09/21		L21000520	706		
	Date of filing/registration in Florida	4.		Document numb	er	
(a)	REPUBLIC REGISTERED AGENT LLC					
,,_,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Sta	te:		
	1150 NW 72ND AVE TOWER I			_		
	Registered Office Address (MUST BE FLORIDA STREET A					
	STE 455					
(b) _	MIAMI	33126		_		
	Registered Agents Inc				207	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:		(F)	
	7901 41h St N	<u> </u>		·	2024 JAH 24	
	NEW Registered Office Address:				Pii	
	STE 300			. ·	===	į.
	St. Petersburg , FL	33702			<u></u>	
e cha ent v s/we e arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law ure of a member or authorized representative of a member.	the regisability con f the limulimited I	tered offic mpany, it ited liabili	te and the business is hereby confirme ty company or as	s office ed that t	of the registe he change(s)
ignat	ure of a member or authorized representative of a member			Printed or typed na	me of sign	ice
herel ovisi e obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided the reflect a change in the registered office address. I he	ee to act performa I for in C iereby co	in this cap thee of my hapter 60 onfirm that	pacity. I further a duties, and I am ) 5, F.S. Or, if this t the limited liabili	gree to e familiar docume ty comp	comply with with and accept is being fi pany has been

- Assistant Secretary

Devid Sperts
Signature of Registered Agent

David Roberts