

# L23000089004

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OPEN SKY RENOVATIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carla Bates Rosenberg

\_\_\_\_\_  
Name of Person

OPEN SKY RENOVATIONS

\_\_\_\_\_  
Firm/Company

15880 SUMMERLIN RD 300-101

\_\_\_\_\_  
Address

FT MYERS FL 33908

\_\_\_\_\_  
City/State and Zip Code

NELTHEBERG@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLA BATES ROSENBERG

720

883-2887

at ( ) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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 amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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: OPEN SKY RENOVATIONS LLC

|   |   |
|---|---|
| 2. (a) <u>REGISTERED AGENTS INC</u><br>Principal office address of limited liability company:<br>(Note: <u>MUST BE STREET ADDRESS</u> )<br><u>30 N GOULD ST STE R</u><br><u>SHERIDAN WY 82801</u> | (b) <u>15880 SUMMERLIN RD</u><br>Mailing address of limited liability company:<br>(Note: <u>MAY BE POST OFFICE BOX</u> )<br><u>300-101</u><br><u>FT MYERS, FL 33908</u> |
|---|---|

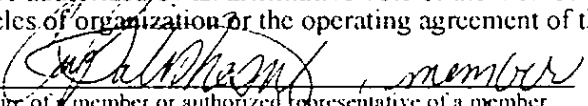
|  |   |
|--|---|
| 3. <u>02/17/2023</u><br>Date of filing/registration in Florida | 4. <u>123000089004</u><br>Document number |
|--|---|

5. (a) CARLA BATES ROSENBERG  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
15880 SUMMERLIN RD  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
303-101  
FT MYERS, FL 33908

(b) REGISTERED AGENTS INC  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
OPEN SKY RENOVATIONS LLC  
NEW Registered Office Address:  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702

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 CLERK OF STATE  
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

|   |   |
|---|---|
| <br>Signature of member or authorized representative of a member | <u>CARLA BATES ROSENBERG, member</u><br>Printed or typed name of signer |
|---|---|

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
 Signature of Registered Agent

**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: Open Sky Renovations LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_

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:

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_  
\_\_\_\_\_, FL

(b) Registered Agents Inc

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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TALLHASSEE, FL  
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

David Roberts  
Signature of Registered Agent David Roberts - Assistant Secretary

Signature of Registered Agent