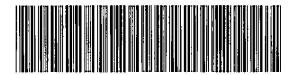
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(Requestor's Name)
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SECRETARY OF STATE
TALLAHASSEE, FL

IN

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: Big Sky PARTARS 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:		
France Kudelski Name of Person		
Big Sky Partners LLC Firm/Company		
813 N Bazfield Dr. Address		
MARCO I Sland, FL. 34145 City/State and Zip Code		
E-mail address: (to be used for future annual report noting	ication)	
For further information concerning this matter, please call:		
France Kudelski at (239) 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:		
Si \$25 Filing Fee □ \$	55 Filing Fee & Certified Copy	

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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.

	1.0
1. Name of the limited liability company: 13ig Sky V	artners LCC
2. (a)	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
813 N. BARfield Dr	813 N. BARGeld Dr.
MARCO ISLAND, FL. 34145	Marco Island, FL. 34145
3/17/2023	L 23000138432
3. Date of filing/registration in Florida 4.	Document number
5. (a) Business Filings Incorporated	
Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
1200 South Pine Island Rd	<u></u>
Plantation ,FL 333	ي ي ي
(b) France Kudelski	
Enter name of NEW Registered Agent and/or NEW Registered Office add	ress:
	FILED CRETARY OF ALL ANASSEE
trance Kudelski	Ers 6
NEW Registered Office Address:	STAT
813 N. BARFIELZ Dr.	
MARCO Island FL 34	145
If the limited liability company is not organized under the laws of the S	State of Florida, it is horsely confirmed that offer the
change or changes are made, the Florida street address of the registered	d office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability cor	
was/were authorized by an affirmative vote of the members of the limithe articles of organization or the operating agreement of the limited li	ability company.
France Kudoladi	sonce Kudekti
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 to provisions of all statutes relative to the proper and complete performa the obligations of my position as registered agent as provided for in Commercity reflect a change in the registered office address, I hereby connotified in writing of this change.	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept
Signature of Registered Agent	

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