

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000438457

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

FILED
2024 SEP 30 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
SAINTS SKYWAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

M. SOLOMON

OCT - 1 2024

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. Saints Skyway LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
7901 4th St N STE 300
St. Petersburg, FL 33702
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
7901 4th St N STE 300
St. Petersburg, FL 33702
3. 09/20/23 Date of filing/registration in Florida
4. L23000438457 Document number
5. (a) INC AUTHORITY RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801
- (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

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.

Robin Jones

Robin Jones

Signature of a member or authorized representative of a member

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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent

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

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