L24000172240

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

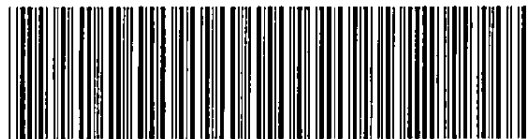☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SKALUCE HOLDINGS LLC

Please Debit **FCA000000003** For: 25

Thank you Seth Neeley

_____

____	Art. of Inc. File_____	
____	LTD Partnership File_____	
____	Foreign Corp. File_____	
____	L.C. File_____	
____	Fictitious Name File_____	
____	Trade/Service Mark_____	
____	Merger File_____	
x	Art. of Amend. File_____	
____	RA Resignation_____	
____	Dissolution / Withdrawal_____	
____	Annual Report / Reinstatement_____	
____	Cert. Copy_____	
x	Photo Copy_____	
____	Certificate of Good Standing_____	
____	Certificate of Status_____	
____	Certificate of Fictitious Name_____	
____	Corp Record Search_____	
____	Officer Search_____	
____	Fictitious Search_____	
____	Fictitious Owner Search_____	
____	Vehicle Search_____	
____	Driving Record_____	
____	UCC 1 or 3 File_____	
____	UCC 11 Search_____	
____	UCC 11 Retrieval_____	
____	Courier_____	

_____
Signature

- - - - - - - - - - - - - - - - - - - -

Requested by:

_____ _____ _____
Name   Date   Time

Walk-In _____   Will Pick Up _____

COVER LETTER

TO: Registration Section
       Division of Corporations

SUBJECT: SKALUCE HOLDINGS 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:

KEVIN D SKALECKI
_____
                Name of Person

SKALUCE HOLDINGS LLC
_____
                Firm/Company

504 NE 19TH ST
_____
                Address

WILTON MANORS FL 33305
_____
            City/State and Zip Code

UPSIDETOWNPROPERTIESLLC@GMAIL.COM
_____
       E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN D SKALECKI   954   644-0447
_____ at (_____) _____
            Name of Person   Area Code & Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   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

INHS15 (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

1. Name of the limited liability company: **SKALUCE HOLDINGS LLC**

2. (a) **504 NE 19TH ST**

   Principal office address of limited liability company:
   (Note: MUST BE STREET ADDRESS)

   WILTON MANORS

   FL 33305

   (b) **504 NE 19TH ST**

   Mailing address of limited liability company:
   (Note: MAY BE POST OFFICE BOX)

   WILTON MANORS

   FL 33305

3. **4-11-24**

   Date of filing/registration in Florida

4. **L24000172240**

   Document number

5. (a) **KEVIN D SKALECKI**

   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

   4346 E TRADEWINDS AVE

   LAUDERDALE BY THE SEA, FL **33308**
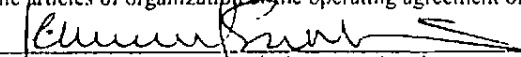
   (b) **KEVIN D SKALECKI**

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

   NEW Registered Office Address:

   504 NE 19TH ST

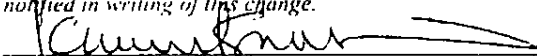   **WILTON MANORS**, FL **33305**

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.

_____   **KEVIN D SKALECKI**

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.

_____
Signature of Registered Agent

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

INHS18 (2/14)