

M14000008282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

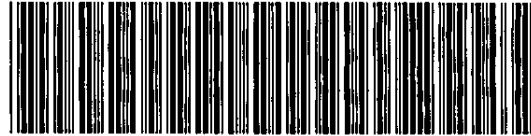
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR -3 PM 3:27

APR 09 2015

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2015

BRYAN WISOTSKY
SKY HOME SOLUTIONS, LLC
545 CORAL WAY, #1
CORAL GABLES, FL 33134 US

SUBJECT: SKY HOME SOLUTIONS, LLC
Ref. Number: M14000008282

We have received your document for SKY HOME SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 715A00005726

15 APR -3 PM 5:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKY Home Solutions, 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:

Bryan Wisotsky

Name of Person

SKY Home Solutions, LLC

Firm/Company

545 Goul Way, #1

Address

Goul Gables, FL 33134

City/State and Zip Code

bryan@skyhomesolutionsllc.com

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

For further information concerning this matter, please call:

Bryan Wisotsky

Name of Person

at (305) 491-8023

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

*N/A check
sent previously*

☐ \$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: Sky Home Solutions, LLC

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

545 Coral Way, #1
Coral Gables, FL 33134
11/10/2014

M1400000 8282

3. Date of filing/registration in Florida 4. Document number

5. (a) Bryan Wisotsky
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
545 Coral Way, #1
Coral Gables, FL 33134

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

NEW Registered Office Address:
569 SW 39th Ave
Miami, FL 33134

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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.

Bryan Wisotsky
Signature of a member or authorized representative of a member

Bryan Wisotsky
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]
Signature of Registered Agent