

MISSOURI 3912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

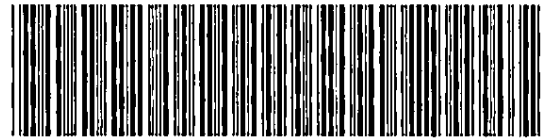
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/18--01001--015 **43.75

11/02/18--01014--027 **43.75

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R. WHITE
DEC 0 3 2018

2018 DEC -4 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2018

CRAIG GALLAGHER
6115 GUILFORD DR
NEW PORT RICHEY, FL 34655

SUBJECT: SKYECO GROUP, LLC
Ref. Number: M18000003925

We have received your document for SKYECO GROUP, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited liability company. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II

Letter Number: 218A00023721

RECEIVED
2018 DEC 4 AM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKyecO Group LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig Gallagher
Name of Person

SKyecO Group LLC
Firm/Company

6927 Shady Acres Blvd
Address

New Port Richey FL 34653
City/State and Zip Code

nmcnally@skyecogroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Gallagher at (727) 475-0339
Name of Person 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

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SKYECO Group LLC

Enter new principal office address, if applicable: 6927 Shady Acres Blvd
New Port Richey FL 34653
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: SKYECO Group LLC
6927 Shady Acres Blvd
New Port Richey FL 34653
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M18000003925

3. Jurisdiction of its organization: New Jersey

4. Date authorized to do business in Florida: 4-18-18

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

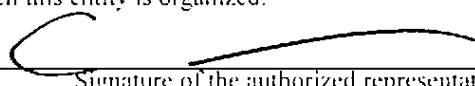
NA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Additional partner

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Partner	Stephen Smith	21335 Morning Mist Way Land O Lakes FL 34637	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Craig Gallagher
Typed or printed name of signee