## P1140000016M

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	<del>≥</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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## COVER LETTER

C: Registration Section Division of Corporations					
SUBJECT: SKJT4,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:					
Alicia Levy Name of Person					
Name of Person					
SKJT4,LLC					
Firm/Company					
Hal W Riverside Ave, Suite 381 Address					
Spokone, Wa 99201 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Alicia Levy at (509) 863-4301 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 & Certified Copy					

INHS18 (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. Na	ome of the limited liability company: SKJT4,LL	C		
2. (a)		(b)		tered Agents Inc.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		i	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1413 Gary St.		790	11 4th St N, Suite 30
	Cheney, Wa. 9900H		St. Pa	etersburg, FL 33702
	03/18/21		M	12100004119
3.	Date of filing/registration in Florida	4.		Document number
5.(a)	Kristen Garza	e.t. (2) -11.	12	_
	Registered Agent and Registered Office shown on the records o	the Florida	Dept. of State	e:
	5864 315t AVE N Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		<b>20</b>
			•	2021 J
	St Petersburg .F	ı <u> 337</u>	10	1000
	Registered Agents Inc.			A:
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	
	7004 445 C4 NI			7
	7901 4th St N			_
	NEW Registered Office Address:			
	STE 300			_
	St. Petersburg	լ 33702		_
	imited liability company is not organized under the la			
agent v was/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iability co of the limi	mpany, it i ted liabilit	is hereby confirmed that the change(s) by company or as otherwise provided in
Signa	o Valuxa (Operating Agent) ture of a member or authorized representativo of a member		Juli	Printed or typed name of signee
I here provisi the obl to mer notifie	by accept the appointment as registered agent and aging of all statutes relative to the proper and completing in the second as provided by reflect a change in the registered affice address, and in writing of this change.			
Signatu	re of Registered Agent	nt Secret	ary	