

Michele Holden NRA 1050-224-1640

(1/2) 04/11/2011 10:16:56 AM -0400

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Florida Department of State
Division of Corporations
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To: Division of Corporations **PA410.146067**
 Fax Number : (850)617-6380

From: Account Name : CORPDIRECT AGENTS, INC.
 Account Number : 110450000714
 Phone : (850)222-1173
 Fax Number : (850)224-1640

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

Email Address: bcirino@skywaycapital.com

RECEIVED

11 APR 11 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
SKYWAY CAPITAL FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 11 AM 10:15

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Michele Holden NRAI850-224-1640

(2/2) 04/11/2011 10:17:28 AM -0400

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SKYWAY CAPITAL FOUNDATION, INC.
2. The principal office address: 100 N TAMPA STREET, SUITE 3550, TAMPA FL 33802 US
3. The mailing address (if different): 100 N TAMPA STREET, SUITE 3550, TAMPA FL 33802 US
4. Date of incorporation/qualification: 11/03/2008 Document number: N08000010128
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CRINO, BRYAN L
100 N TAMPA STREET, SUITE 3550
TAMPA FL 33802 US

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE FL 32301 US

11 APR 11 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Handwritten signature]

Signature of authorized officer

BRYAN L. CRINO, PRESIDENT

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Handwritten signature: Michele Holden]

Signature of Registered Agent

4/8/11

Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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