

N0800000/0/28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*PA Change*

04/10/13--01008--021 \*\*35.00

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2013 APR 10 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 10 AM 10:57

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*AJR*  
*4/10/13*

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-23

CONTACT: MICHELE HOLDEN

DATE: 04/09/2013

REF. #: 8729809

CORP. NAME: SKYWAY CAPITAL FOUNDATION, INC.

- ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION  
 ANNUAL REPORT       TRADEMARK/SERVICE MARK       FICTITIOUS NAME  
 FOREIGN QUALIFICATION       LIMITED PARTNERSHIP       LIMITED LIABILITY  
 REINSTATEMENT       MERGER       WITHDRAWAL  
 CERTIFICATE OF CANCELLATION  
 OTHER:      CHANGE OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 1000970 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

**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 33602
3. The mailing address (if different): 100 N TAMPA STREET, SUITE 3550, TAMPA, FL 33602
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)

FEUER, SCOTT N  
100 N TAMPA STREET, SUITE 3550  
TAMPA, FL 33602

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TALLAHASSEE, FLORIDA

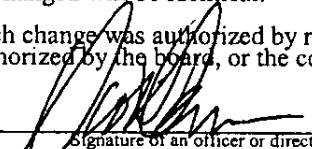
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

P.O. Box NOT acceptable

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.

  
Signature of an officer or director

SCOTT N. FEUER CEO  
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.*

  
Signature of Registered Agent

4/9/13  
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  
CR2E045 (03/12)