

**N20000008619**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000288911 3)))



H200002889113ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : BRYTEBRIDGE CONSULTING, LLC  
Account Number : I20200000117  
Phone : (407)278-1552  
Fax Number : (407)857-9309

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
SKYBUILDERS 4 ALL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

20 AUG 20 AM 11:18

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2020 AUG 20 PM 4:30

RECEIVED  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 20 2020

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Skybuilders 4 All, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N20000008619

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcela Restrepo

Name of Contact Person

Skybuilders 4 All, Inc.

Firm/Company

5200 Saint Regis Place

Address

Orlando, Florida 32812

City/State and Zip Code

mrestrepo@skybuildersusa.com

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

For further information concerning this matter, please call:

Marcela Restrepo

Name of Contact Person

at (407) 362-1870  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
AmendmentSection  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
STATE  
SECRETARY OF  
DIVISION OF  
20 AUG 20 AM 11:19

**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: Skybuilders 4 All, Inc.
2. The principal office address: 5200 Saint Regis Place, Orlando, Florida 32812
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/27/2020 Document number: N20000008619
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)

MARCELO RESTREPO

5200 SAINT REGIS PL

ORLANDO, FL 32812

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

MARCELA RESTREPO

5200 SAINT REGIS PL

P.O. Box NOT acceptable

ORLANDO, FL 32812

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.

Juan Rodriguez

Signature of an officer or director

Juan Rodriguez, 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.*

Marcela Restrepo

Signature of Registered Agent

08/20/2020

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)

20 AUG 20 AM 11:19  
 DIVISION OF STATE  
 CORPORATIONS