

DO1000 10053/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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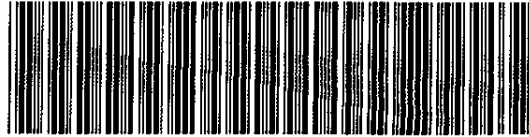
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
Cheng
10/17/11



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

September 15, 2011

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Skypark, Inc.

Dear Sir/Madam,

For the purposes of changing the registered office and/or registered agent of the above
Skypark, Inc.

Please find the enclosed original Certificate of Change of Registered Agent accompanied by
our check in the amount of Amount of \$35.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the
enclosed envelope.

Thank you in advance for your cooperation in this matter.

Regards,

Wendy D. Rea
National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Skypark, Inc.
Name of Corporation

DOCUMENT NUMBER: P01000100531

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:

Wendy Rea
Name of Contact Person

NRAI
Firm/Company

11600 College Blvd, Suite 210
Address

Overland Park, KS 66210
City/State and Zip Code

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

For further information concerning this matter, please call:

Wendy Rea at (800) 550-6724
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: SKYPARK, INC.
2. The principal office address: 1330 POST OAK BLVD. 1600
HOUSTON TX 77056
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/16/2001 Document number: P01000100531

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)

UNITED STATES CORPORATION AGENTS, INC.

13302 WINDING OAKS BLVD STE A-100

TAMPA FL 33612-3425

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

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 PM 2:01

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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

Jedid Maitland-Carter
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.

by: 
Signature of Registered Agent

9/15/2011
Date

If signing on behalf of an entity:

Wendy Rea, Assistant Secretary
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE