

PO20000014831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 05 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKY-MOON, INC.
Name of Corporation

DOCUMENT NUMBER: P 02000014831

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:

HECTOR LUNA
Name of Contact Person

The Prudential Insurance Company of America
Firm/Company

2 Alhambra Plaza suite 1050
Address

Coral Gables, FL 33134
City/State and Zip Code

hluna125@yahoo.com AND hector.luna@prudential.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Luna at (786) 547-1212
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: SKY-MOON INC.
2. The principal office address: 15652 S.W. 109th Ter
MIAMI, FL 33196
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/08/2002 Document number: PO2000014831
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)
Hector Luna
15652 S.W. 109th Ter. MIAMI, FL 33196
same
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
2 Alhambra Plaza suite 1050
COBAL GABLES, FL. 33134
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.

Hector Luna
Signature of an officer or director

Hector Luna Pres
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.

Hector Luna
Signature of Registered Agent

08/25/2012
Date

If signing on behalf of an entity:

Hector Luna
Typed or Printed Name

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