## Po4000090578

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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SECRETARY OF SHAPE TALLAHASSEE ALORDON

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BILLE SKY TOWER INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P0400090578</u>
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:
SHIRLEY WOOD (Name of Contact Person)
BLUE SKY TOWER, INC. (Fifm/Company)
4586 ASHTUN RUAD (Address)
SARASOTA FC. 34233 (City/State and Zip Code)
For further information concerning this matter, please call:
SHIRLEY WOOD at (813) 393-736/ (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address:
Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

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

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: BUE SKY TOWER, INC.
2. The principal office address: 4586 ASHTON ROAD
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/4/04 Document number: P040009905678
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MIKE WOOD
840 BIRDIE WAY
Apollo BEACH, PC. 33572
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MIKE WOOD
4586 ASHTON ROAD
(P.O. Box NOT acceptable) SARASOTA), FC, 34233
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.
Shules Wood VICE PRESIDENT
(Signature of an officer or director)  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)
If signing on behalf of an entity:
(Typed or Printed Name)

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

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