

Aug. 10. 2016 11:47AM

Division of Corporations

No. 0267 P. 1

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850)656-7956
Fax Number : (850)656-7953

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

Email Address: radiveincserv.com

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REGISTERED AGENT CHANGE
SKYVIEW HOLDINGS, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

AUG 11 2016

C LEWIS

Aug. 10. 2016 11:48AM

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**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SKYVIEW HOLDINGS, INC.
2. The principal office address: 2641 E. ATLANTIC BLVD., 308, POMPANO BEACH, FL 33062
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/05/2005 Document number: P05000066503

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)

FENCON LLC
2641 E. ATLANTIC BLVD., 308
POMPANO BEACH, FL 33062

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

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32301

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

Diane Dentith, 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.

Zheadana Shen Assistant Secretary 8/10/16
Signature of Registered Agent 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 (03/12)