PD6000132267

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JAN 20 2017 I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: January 13, 2017

Order#: 462616/129

Re: OAKSKY USA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FL registered agent, or both, in the State of Florida.	
1. The name of	the corporation: OAKSKY USA, IN	C.	
	l office address:sen Wright PC, One Capitol Mall, S	uite 670, Sacramento, CA 95814	
3. The mailing	address (if different): Martensen Wri	ght PC, One Capitol Mall, Suite 670, Sacramento, CA 95814	
4. Date of incom	rporation/qualification: 10/18/2006	Document number: P06000132267	
	d street address of the current regist artment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324 \(\frac{1}{2}\sigma_{2}\sig	
6. The name an (if changed):	<u> </u>	ed agent (if changed) and /or registered office	
	1201 Hays Street		
P.O. Box. NOT acceptable			
	Tallahassee	FL 32301	
The street addr	ess of its registered office and the label label label.	street address of the business office of its registered agent,	
		dopted by its board of directors or by an officer so seen notified in writing of the change.	
	Jill Cilmi, Vice President		
I hereby accept I further agree performance of agent. Or, if the hereby confirm	to comply with the provisions of a fmy duties, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
By: Die	gnature of Registered Agent	01/13/2016 Date	
·	ehalf of an entity:	Dail	
Grace E. Kirby	, Asst. Vice President		
7	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 * * *