

P070000 17494

SKT OF ORLANDO, INC.  
8201 EDGEWATER DR.  
ORLANDO, FL 32810-4703

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*RA [signature]  
8/15/13*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2013

SKY OF ORLANDO INC  
6201 EDGEWATER DRIVE  
ORLANDO, FL 32810

SUBJECT: SKT OF ORLANDO, INC.  
Ref. Number: P07000017494

We have received your document for SKT OF ORLANDO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 113A00018836

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: SKT of Orlando Inc
2. The principal office address: 6201 Edgewater Drive  
Orlando FL 32810
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/5/07 Document number: PO7000017494
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)

Dominik Salfi  
999 Douglas Ave, ste 3333, Altamonte Springs FL 32714  
Resigned

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

500 State Rd 436, suite 2016  
Casselberry FL 32707  
P.O. Box NOT acceptable  
Sam Thakur Shamsuzzaman THAKUR

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]  
Signature of an officer or director

Shamsuzzaman Thakur 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.

[Signature]  
Signature of Registered Agent

7-30-13  
Date

If signing on behalf of an entity:

Shamsuzzaman Thakur  
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)