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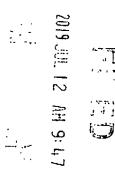
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Skyhigh Services, Inc P07000045070

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:

Bruce Sarafian Name of Contact Person Skyhigh Services Firm/Company 953 N Ronald Reagan Blvd #101 Address Longwood FL 32750 City/State and Zip Code

BruceSarafian@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Sarafian Name of Contact Person

Enclosed is a \$35.00 cheek 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

1 - 1 - N

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
 The name of The principal 	the corporation: Skyhigh Services, Inc office address: 953 N Ronald Reagan Blvd #101 Longwood FL 32750
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 04/11/2007 Document number: P07000045070
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned),
	SPIEGEL & UTRERA, P.A
	1840 SW 22ND ST. FORTH FLOOR
	MIAMI, FL 33145
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	Bruce Sarafian
	953 N Ronald Reagan Blvd #101
	P.O. Box NOT acceptable Longwood FL 32750
The street addr	ess of its registered office and the street address of the business office of its registered agent.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. Bruce Sara Fian PSTD are of an officer or director Printed or typed name and title
I further agrée performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete for duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been potified in writing of this change, mature of Registered Agent Date
Bru	ehalf of an entity: CE Sara Fian 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