

P10000001853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

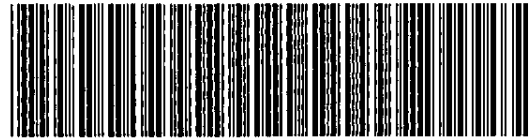
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800214145058

11/14/11--01038--022 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 14 PM 1:29

*R.A. Chg.*  
C.COULLETTE

NOV 15 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Skyline Reporting, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000001853

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:

Belinda Horwitz  
Name of Contact Person

Skyline Reporting, Inc.  
Firm/Company

702 Raymond Circle  
Address

Altamonte Springs, FL., 32714  
City/State and Zip Code

Belinda@skylinereporting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belinda Horwitz at ( 321 ) 231-9739  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check 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**

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

1. The name of the corporation: Skyline Reporting, Inc.
2. The principal office address: 702 Raymond Circle, Altamonte Springs, FL., 32714
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/07/2010 Document number: P10000001853

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)

Diane Cola O'Brien (resigned)

203 East Livingston Street

Orlando, FL., 32801

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

Belinda Horwitz

702 Raymond Circle

P.O. Box NOT acceptable

Altamonte Springs, FL., 32714

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

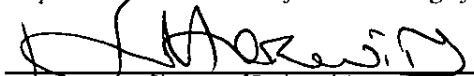
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Belinda Horwitz (Vice 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 of Registered Agent

November 7th, 2011

Date

If signing on behalf of an entity:

Belinda Horwitz

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 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 14 PM 1:23