

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKY Living Co. Inc.
Name of Corporation

DOCUMENT NUMBER: P13000019605

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:

Daniel R. Vega
Name of Contact Person

Delgado Vega PLLC
Firm/Company

201 Alhambra Circle, Suite 801
Address

Coral Gables, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Gabriel Tubella at (305) 803-4037
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SKY LIVING CO. INC
- 2. The principal office address: 8004 NW 154th St. #186
MIAMI LAKES, FL 33016
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 2/28/2013 Document number: P130000191005
- 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)


INICORP SERVICES, INC.
3458 Lakeshore Drive
Tallahassee, FL 32312

SECRETARY
 TALLAHASSEE, FL
 2023 APR -6 AM 11:30
 211-00

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Daniel R. Vega
201 Alhambra Circle, Suite 801
P.O. Box NOT acceptable
Coral Gables, FL 33134

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.

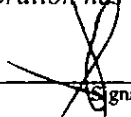


 Signature of an officer or director

DANIEL R. VEGA Resident

 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

3/30/2023

 Date

If signing on behalf of an entity:
DANIEL R. VEGA

 Typed or Printed Name

*** FILING FEE: \$35.00 ***