

P/40000 30035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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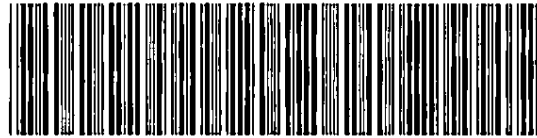
(Business Entity Name)

(Document Number)

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FILED  
2018 OCT 17 P 4 30  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

OCT 24 2018

T. LEMIEUX

Handwritten signature/initials

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Skyland Support Services Corp.

Name of Corporation

**DOCUMENT NUMBER:** P14000030035

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:

Victoria E Sepe

Name of Contact Person

Firm/Company

8290 LAKE DR # 137

Address

DORAL FL 33166

City/State and Zip Code

info@skylandsupport.com

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

For further information concerning this matter, please call:

Victoria E Sepe

Name of Contact Person

at ( 786 ) 200 0846

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: SKYLAND SUPPORT SERVICES CORP.
2. The principal office address: 7349 NW 56 ST  
MIAMI FL 33166
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/02/2014 Document number: P14000030035
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)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

7349 NW 56 ST

MIAMI FL 33166

P O Box NOT acceptable

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

Victoria Sepe  
\_\_\_\_\_  
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

10/10/18  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Victoria Sepe  
\_\_\_\_\_  
Typed or Printed Name

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

**FILED**  
OCT 17 P 4 30  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
CORPORATIONS