

P14000030035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

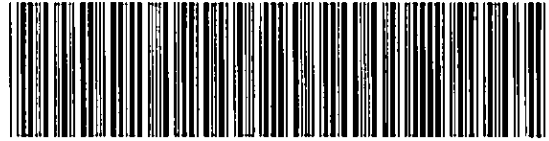
(Business Entity Name)

(Document Number)

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

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2019 MAR 11 AM 9:24

C. GOLDEN

MAR 22 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SKYLAND SUPPORT SERVICES

Name of Corporation

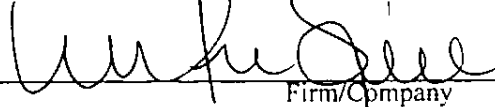
**DOCUMENT NUMBER:** P14000030035

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

**7349 NW 56 ST**

Address

**MIAMI 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: 7325 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):

VICTORIA E SEPE

7325 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 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

3/7/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

**FILED**  
2019 MAR 11 AM 9:24  
TALLAHASSEE, FL