Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone

Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:_____

REGISTERED AGENT CHANGE G.K. SKAGGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TO: Amendment Section Division of Corporations

SUBJECT: G.K. SKAGGS, INC.

Name of Corporation

P14000073468

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Austin, TX 78744
City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call;

Mary Castillo

Name of Contact Person

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

FL | STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florestatement of change is submitted for a corporation organized under the laws of the State	e of FLORIDA
in order to change its registered office or registered agent, or both, in the State	eg riotaa.
1. The name of the corporation: G.K. SKAGGS, INC.	
2. The principal office address: 100 PACIFICA, SUITE 450	
IRVINE, CA 92618	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/02/2014 Document number: P1	4000073468
The name and street address of the current registered agent and registered office on f Florida Department of State: (If resigned, enter resigned)	ile with the
NRAI SERVICES INC.	
1200 SOUTH PINE ISLAND RD.	— z
PLANTATION, FL 33324	ALL ANG
The name and street address of the new registered agent (if changed) and /or register (if changed);	ed office SSE
Registered Agent Solutions, Inc.	En P
155 Office Plaza Dr., Suite A	2: 51 10RIC
P.O. Box NOT acceptable	» A C
Tallahassee, FL 32301	_
The street address of its registered office and the street address of the business office as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or be authorized by the board, or the corporation has been notified in writing of the change	y an officer so e.
/s/ Gregory Skaggs Gregory Skaggs	President
Signature of an officer of director 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 an performance of my duties, and I am familiar with and accept the obligation of my performance of this document is being filed merely to reflect a change in the registered hereby confirm that the proporation has been notified in writing of this change.	v. d complete oxition as registered
08/14/2017	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Justine Karnell - Assistant Secretary Typed or Printed Name	

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