

P15D000095322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

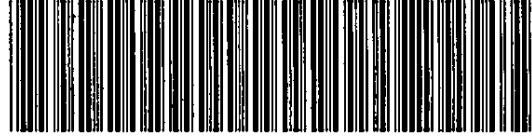
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100285544091

05/09/16--01008--010 \*\*35.00

FILED  
2016 MAY -9 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R0/ch8

MAY - 9 2016  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rubye Sky Consulting, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P15000095322

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:

Gail Joubert

Name of Contact Person

Rubye Sky Consulting, Inc.

Firm/Company

1599 Revere Lane

Address

Holly Hill, FL 32117

City/State and Zip Code

gjoubert1@yahoo.com

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

For further information concerning this matter, please call:

Gail Joubert

Name of Contact Person

at ( 386 ) 235-3852

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: Rubye Sky Consulting, Inc.
2. The principal office address: 1599 Revere Lane, Holly Hill, FL 32117
3. The mailing address (if different): P. O. Box 1382, Ormond Beach, FL 32175
4. Date of incorporation/qualification: 12-1-15 Document number: P15000095322
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)

Gail Joubert

840 Central Avenue #8

Holly Hill, FL 32117

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

Gail Joubert

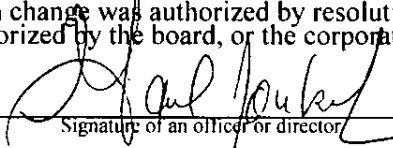
1599 Revere Lane

P.O. Box NOT acceptable

Holly Hill, FL 32117

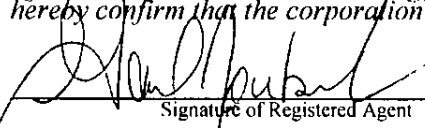
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Gail Joubert - Owner - 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. On, 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

May 4, 2016

\_\_\_\_\_  
Date

If signing on behalf of an entity:

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

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