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ATT ARREST OF SAME

COVER LETTER

TO: Amendment Section Division of Corporations Skyone Auto Brokers, Inc Name of Corporation 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: Claire M. Isaza Name of Contact Person Skyone Auto Brokers, Inc 10131 W Okeechobee Rd Suite 202 Hialeah Gardens, FL 33016 City/State and Zip Code skyoneautobrokers@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 354-3535 Area Code & Daytime Telephone Number Claire M. Isaza Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organization.	ed under the laws of the State of FLORIDA	
in order to change its registered office or registere	•	
1. The name of the corporation: Skyone Auto Broke	TS ITIC	
2. The principal office address: 10131 W Okeechob		
Hialeah Gardens, F	L 33016	
3. The mailing address (if different): N/A		
4. Date of incorporation/qualification: 05/26/2016		
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned)		
Laura Flores / RESIGNED		
10131 W Okeechobee Rd Suit	10131 W Okeechobee Rd Suite 202	
Hialeah Gardens, FL 33016	· · · · · · · · · · · · · · · · · · ·	
6. The name and street address of the new registered agent (if changed):	\sim \sim \sim	
Claire M. Isaza		
10131 W Okeechobee Rd Suit	te 202	
P.O. Box NOT ac	xeptable	
Hialeah Gardens, FL 33016		
The street address of its registered office and the street ad as changed will be identical.	ldress of the business office of its registered agent,	
Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notif		
	Laura Flores / PRESIDENT	
I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statute performance of my duties, and I am familiar with and accayent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in the corporation has been notified in the corporation.	sept the obligation of my position as registered to change in the registered office address. I writing of this change.	
Signature of Registered Agent	07/20/2017	
If signing on behalf of an entity:	. Mac	
Typed or Printed Name		
* * * FILING FEE:	: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE