



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: SKYGEN OF FLORIDA, INC.  
Name of Corporation

DOCUMENT NUMBER: P18000006794

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:

Tami Moss

Name of Contact Person

SKYGEN USA, LLC

Firm/Company

W140N8981 Lilly Rd.

Address

Menomonee Falls, WI 53051

City/State and Zip Code

tamia.moss@skygenusa.com

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

For further information concerning this matter, please call:

Tami Moss

Name of Contact Person

at ( 262 ) 834-6130

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: SKYGEN OF FLORIDA, INC.
- 2. The principal office address: W140N8981 Lilly Rd Menomonee Falls, WI 53051
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 1/22/2018 Document number: P18000006794

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)

C T Corporation System  
1200 S Pine Island Rd., Ste. 250  
Plantation, FL 33324

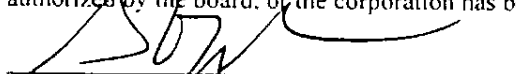
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.  
155 Office Plaza Dr., Suite A  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

2019 OCT 11 AM 9:43  
08/16/19 11:00 PM


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

Steven J. Berryman - Secretary  
\_\_\_\_\_  
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

08/28/2019  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Mackenzie Hart  
\_\_\_\_\_  
Typed or Printed Name

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