

P18000091562

From: Sky Active Strength
187 S Yonge St
32174
Ormond Beach FL
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: SKy Active Strength Studio
Name of Corporation

DOCUMENT NUMBER: P180000091562

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:

Nicholas Tarlini
Name of Contact Person

SKy Active Strength Studio
Firm/Company

187 S. Yonge St
Address

Ormond Beach FL 32174
City/State and Zip Code

Strengthnick@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Tarlini at (386) 843-6425
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 FL
in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Sky Active Strength Studio Inc.
2. The principal office address: 187 S Yonge Street
Ormond Beach, FL 32174
3. The mailing address (if different): 11/02/2018
4. Date of incorporation/qualification: 11/8/18 Document number: P18000091562
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)

Cyril Mlanula
187 South Yonge Street
Ormond Beach, FL 32174

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

Nicholas Tarlini
187 South Yonge Street
P.O. Box NOT acceptable
Ormond Beach, FL 32174

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]
Signature of an officer or director

Cyril Mlanula P
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]
Signature of Registered Agent

7/8/20
Date

If signing on behalf of an entity

Nicholas Tarlini
Typed or Printed Name

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

MAKЕ CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
CR210415 04/131

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