

P22000029596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

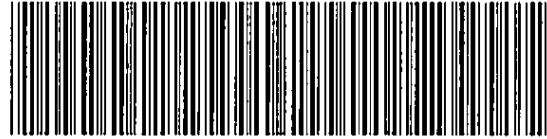
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J. HORNE
DEC - 5 2023

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/4/2023

PRIORITY , Regular Approval

OUR REF # (Order ID#) 1209844

ORDER ENTITY
SKYLINE LAW, P.A.

PLEASE PERFORM THE FOLLOWING SERVICES:

SKYLINE LAW, P.A. (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKYLINE LAW, P.A.
Name of Corporation

DOCUMENT NUMBER: P22000029596

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:

Sapphire Marquez

Name of Contact Person

SunDoc Filings

Firm/Company

7801 Folsom Blvd Ste 202

Address

Sacramento CA 95826

City/State and Zip Code

rudy.urena75@gmail.com

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

For further information concerning this matter, please call:

Rudy Urena

Name of Contact Person

at (321) 6630653

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

1. The name of the corporation: SKYLINE LAW, P.A.
2. The principal office address: 12275 ACCIPITER DRIVE ORLANDO, FL 32837

3. The mailing address (if different): PO Box 770005 Orlando, FL 32877
4. Date of incorporation/qualification: 04/15/2022 Document number: P22000029596

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)

SUNDOC FILINGS INCORPORATED

3458 LAKESHORE DRIVE

TALLAHASSEE, FL 32312

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

United Agent Group Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

/S/ Rudy Urena

Signature of an officer or director

Rudy Urena

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.

/S/ William Huser

Signature of Registered Agent

11/28/2023

Date

If signing on behalf of an entity:

William Huser

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)