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(5)		
(Re	questor's Name)	
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☐ PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Sky Investments, Inc	·			
(1)	Name of corporation)			
DOCUMENT NUMBER: P9700005175	57			
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning this r	matter to the following:			
Jack Alfasi (Name of person)				
	(Name of person)			
Sky Investments, II (Na	ne of firm/company)			
(1	ino or man company)			
10 Fairway Dr., Si	lite 302			
10 Fairway Dr., St	(Address)			
Deerfield Beach, FI (Cit	L 33441 _			
(Cit	ty/state and zip code)			
For further information concerning this matter, pl	ease call:			
Jack Alfasi	at (954) 428-4311 (Area code & daytime telephone number)			
(Name of person)	(Area code & daytime telephone number)			
Enclosed is a \$35,00 check made payable to the I	Department of State.			
Mailing Address	Street Address			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations 409 E. Gaines Street			
Tallahassee, FL 32314	Tallahassee, FL 32399			

CR2E045(09/03)

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

•	•	02, 607.1508, or 617.1508, Florida Statutes, this sta he laws of the State of Florida	•
	or a corporation organized tinaer to ed office or registered agent, or bot		in order
1. The name of the co	rporation: Sky Investme	nts, Inc.	
		r.,Suite 302	
		441	
4. Date of incorporati	on/qualification: 6/11/97	Document number: P97000051757	
	et address of the current registered a	gent and registered office on file with the	
	Rafi Rubinez		
	10 Fairway Dr., Suite 302		
	Deerfield Bea	ch, Florida 33441	O4 MAY
6. The name and stree (if changed):	et address of the new registered age	nt (if changed) and /or registered office	MAY 24 PT 2: 2 CRETARY OF STATE AHASSEE, FLOR
	_Jack Alfasi		# 2: F ST F FL(
	10 Fairway Dr	., Suite 302	DALE DALE
	· · · · · · · · · · · · · · · · · · ·	mailbox NOT acceptable)	ŽW o
_	Deerfield Bea	ch, Florida 33441	
The street address of changed will be iden	its registered office and the street	address of the business office of its registered ag	gent, as
Such change was au the board, or the dor	thorized by resolution duly adopte poration has been notified in writi	ed by its board of directors or by an officer so authing of the change.	horized by
	re of an officer or director)	Jack Alfasi	
I hereby accept the a	appointment as registered agent a mply with the provisions of all sta iliar with and accept the obligation reflect a change in the registered	(Printed or typed name and litte) Ind agree to act in this capacity. Itutes relative to the proper and complete perform In of my position as registered agent. Or, if this a I office address, I hereby confirm that the corpora	ance of my locument is ution has
	hure of Registered Agent)	Shiloy	
If signing on behalf	. ,	(Date)	
Jack	Alfasi	V.P.	
	ed or Printed Name)	(Capacity)	

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