I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: BROOKS BETTS

901 A STREET

SUITE C City-State-Zip: SAN RAFAEL CA 94901

Address

Electronic Signature of Signing Authorized Person(s) Detail

Authorized	Person(s) Detail :		
Title	MANAGER	Title	MANAGER
Name	BETTS, BROOKS	Name	BUNDRICK, CHRISTOPHER
Address	901 A STREET SUITE C	Address	901 A STREET SUITE C
City-State-Zip:	SAN RAFAEL CA 94901	City-State-Zip:	SAN RAFAEL CA 94901
Title	MANAGER	Title	MANAGER
Name	SANDERS, DEREK	Name	LENZO, JEREMY
Address	901 A STREET SUITE C	Address	901 A STREET SUITE C
City-State-Zip:	SAN RAFAEL CA 94901	City-State-Zip:	SAN RAFAEL CA 94901
Title	MANAGER		
Name	GARCIA, ALEXANDER		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ERIKA EASTER

ame and Address of Current Registered Agent:	

Electronic Signature of Registered Agent

SUITE C

# **FEI Number: APPLIED FOR**

# Na

ERESIDENTAGENT, INC. 115 N CALHOUN ST SUITE 4 TALLAHASSEE, FL 32301 US

OCUMENT# L08000015043		

Entity Name: SKYLINE TOURING ENTERPRISES, LLC

## **Current Principal Place of Business:**

901 A STREET SUITE C SAN RAFAEL, CA 94901

### **Current Mailing Address:**

901 A STREET SAN RAFAEL, CA 94901 US

# Certificate of Status Desired: No

09/28/2023

## FILED Sep 28, 2023 Secretary of State 2385529236CC

09/28/2023 Date