### 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: TIMOTHY LAM

Electronic Signature of Signing Officer/Director Detail

SECRETARY

G JRFRONT OAD WEST City-State-Zip: CENTRAL

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.

Entity Name: SKYWEALTH GROUP INC.	
Current Principal Place of Rusiness:	

# Current Principal Place of Business:

2/F CONNAUGHT HARBOURFRONT HOUSE NO. 35-36 CONNAUGHT ROAD WEST CENTRAL,

# **Current Mailing Address:**

2/F CONNAUGHT HARBOURFRONT HOUSE NO. 35-36 CONNAUGHT ROAD WEST CENTRAL, ΗK

# FEI Number: 75-2792660

# Name and Address of Current Registered Agent:

SIGNATURE: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent

CORPORATION SERVICE COMPANY CORPORATION SERVICE COMPANY TALLAHASSE, FL 32301-2525 US

Officer/Dire	ctor Detail :		
Title	SECRETARY	Title	CHAIRMAN, CEO
Name	LAM, TIMOTHY	Name	HO, TERENCE CHUN LUNG
Address	2/F CONNAUGHT HARBOURFRONT HOUSE NO. 35-36 CONNAUGHT ROAD WEST	Address	2/F CONNAUGHT HARBOUF HOUSE NO. 35-36 CONNAUGHT RO
City-State-Zip:	CENTRAL	City-State-Zip:	CENTRAL

04/30/2024 Date

FILED Apr 30, 2024 Secretary of State 3250245445CC

Certificate of Status Desired: Yes