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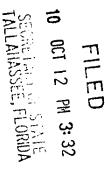
· (Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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J. BRYAN

OCT 1 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	· ·
SUBJECT:	Aircraft and Engine Support LLC Name of Limited Liability Company
	The state of Emiliary Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
Eduardo T. G	Sarrido
Name of Perso	
Aircraft and Engine	
Firm/Company	5. 5
6300 NW 99th	Avenue ST
Address	Avenue Oct 12 PM 3: 32 Alana See, FLORBIA Code
Miami, FL 3	ين 3178
City/State and Zip	TE ANDA
eddieg@aneaero	group.com
eddieg@aneaero E-mail address: (to be used for future a	annual report notification)
For further information concerning	g this matter, please call:
Robert F. Conrad	at (786) 236-3144
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADD	RESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circl	P.O. Box 6327
Tallahassee, Florida 32301	e Tallahassee, Florida 32314
Enclosed is a check for the	he following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH-FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:A	ircraft and Engine Support LLC		
2. (a) Principal office address of limited liability comp	any: 6300 NW 99th Avenue		
(Note: MUST BE STREET ADDRESS)	Miami, FL 33178		
(b) Mailing address of limited liability company:	6300 NW 99th Avenue		
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33178		
01/21/2003	L03000002856 S T		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept of State		
Registered Agent: ARCAC	COUNTING AND BUSINESS SOUTIONS, INC.		
Registered Office Address:	3785 NW 82nd Avenue		
	Suite 109 Miami, FL 33166		
	Miami, FL 33100		
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address:		
NEW Registered Agent:	Kaufman Rossin & Co., PA		
NEW Registered Office Address:	2699 S. Bayshore Drive		
<u>(MUST BE FLORIDA STREET ADDRESS)</u>	Suite 400 Miami "FL33133		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Eduardo T. Garrido Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.			
Signature of Revistered Agent			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00