Division of Corporations

Florida Department of State

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE GOUACHE AIRSHIP LLC

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Helisep 19 2023 K. Brumbley

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

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. :N	ame of the limited liability company.		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/12/2018	L18	000143928
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
	Registered Agent and Registered Office shown on the records of	of the Florida Dep	nt, of State
	Registered Office Address	<u>l'ADDRESS)</u>	
	476 RIVERSIDE AVE.		
	JACKSONVILLE	1. ³²²⁰²	2023
	Northwest Registered Agent LLC	~	APPINOVED FILED FILED FILED FILED
(p)		1 (1)(1)	 - 평 및 공작용
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office address	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		ω
	St. Petersburg	33702	
the cha agent v was/we the art Signa I here provisi the obt to mere	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member of authorized representative of a member by accept the appointment as registered agent and as fons of all statutes relative to the proper and completing attons of my position as registered agent as provided or reflect a change in the registered office address, and in writing of this change.	aws of the Sta of the registere liability comp of the limited le limited liabil Nat Smit Nat Smit gree to act in the experiormance led for in Chap I hereby contin	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in flity company. h Printed or typed name of signee this capacity. I further agree to comply with the coffmy duties, and I am familiar with and acceptate 605, F.S. Or, it this document is being filed
<u></u> را /	Tayfor Newman - Assistant S	Secretary	