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D	Acc#12016000072
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Name:	FAITH FLYER MANAGEMENT LLC
Document #:	
Order #:	16572131
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
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Thank you!

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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited liability company: FAITH FLYER	MANAGEMEN	T LLC	. <u> </u>		
2. (a)	6440 SOUTHPOINT PKWY	(b) 6440 SOUTHPOINT PKWY				
~· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SUITE 320	SUL	SUITE 320			
	JACKSONVILLE, FL 32216	JAC	KSONVILLE, FL 32216			
	12/08/2021	L2100	00519500			
3.	Date of filing/registration in Florida	4.	Document number	r		
5 (0)	Matthew Fenner					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		75 28		
	6440 SOUTHPOINT PARKWAY, SUITE 320	<u>.</u>		2025 OCT	-	
	JACKSONVILLE F	L. 32216				
(b)	C T Corporation System			-7 PI		
(")	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		PH 1: 12	C	
	NEW Registered Office Address:			. , , ,		
	1200 South Pine Island Road					
	Plantation	33324				
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited larger authorized by an affirmative vote of the members licles of organization or the operating agreement of the last Matthew Fenner.	of the registered iability compar of the limited l	l office and the business only, it is hereby confirmed iability company or as ot ty company.	office of the reg I that the change	ustered e(s)	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee			
provis the ob to mer	thy accept the appointment as registered agent and actions of all statutes relative to the proper and completifications of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. C T Corporation System **LOW WORL Kara Korosco**	e performance led for in Chapt Thereby confirm	is capacity. I further ago of my duties, and I am fa er 605, F.S. Or, if this do n that the limited liability	ree to comply w miliar with and locument is bein v company has l	ith the accept g filed been	
Signati	ure of Registered Agent					

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