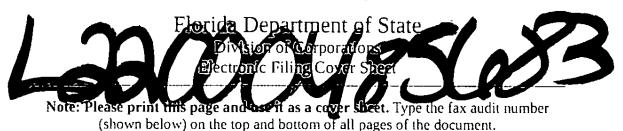
Division of Corporations



(((H24000002249 3)))



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Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please. **

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T. LEMIEUX

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1/3/2024 10:45:14 PST_ To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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.

1. 8	lame of the limited liability company: Allison Aviation Lt	LC		
2. (a)		(b)	,,,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Principal office address of limited liability company: (Note: MUST_BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST)	liability company;
	11/11/2022	L220004	85683	
3.	Date of filing/registration in Florida		Document number	~?
5. (a)	、ALLISON, TROY A		.:	
), (u	Registered Agent and Registered Office shown on the records of			
				••
	Registered Office Address GMUST BE FLORIDA STREET.	ADDRESS)		-
	125 CENTENNIAL LANE			ڼ
	DAYTONA BEACH . FL	32119		1
(b	Northwest Registered Agent LLC			·
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg			
the ch agent was/v the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	I the registered of ability company, of the limited liab	ffice and the business offi it is hereby confirmed the oility company or as other	ce of the registered at the change(s)
Sign	ature of a member or authorized representative of a member	-	Printed or typed name of	signce
I her provide the obtained to me notification of the provident of the prov	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I and in writing of this change. Taylor Newman - Assistant Science		capacity. I further agree my duties, and I am famil 605, F.S. Or, if this docu hat the limited liability co	to comply with the iar with and accep ment is being filed mpany has been

Signature of Registered Agent