## 112000 110 308

| (Requestor's Name)                      |                    |           |  |  |
|---|--------------------|-----------|--|--|
| (Address)                               |                    |           |  |  |
| (Address)                               |                    |           |  |  |
| (Cit                                    | ty/State/Zip/Phone | #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                                     | rsiness Entity Nam | e)        |  |  |
| (Document Number)                       |                    |           |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |
|   |                    |           |  |  |
|   |                    |           |  |  |
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|   |                    |           |  |  |

Office Use Only



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\*\* SULKER OCT 03 2019

| TO: Registration Section Division of Corporations   |   |  |  |  |
|---|---|--|--|--|
| SUBJECT: Raich Aerospace Group LLC  Name of Limited Liability Company                       |   |  |  |  |
|   |   |  |  |  |
| Dear Sir or Madum:  |   |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |   |  |  |  |
| Please return all correspondence concerning this matter to the following:                   |   |  |  |  |
|   |   |  |  |  |
| Gene Carroli  |   |  |  |  |
| Name of Person  |   |  |  |  |
|   |   |  |  |  |
| Raich Aerospace Group LLC   |   |  |  |  |
| Firm/Company  |   |  |  |  |
| 226 N Nova Rd, Suite 357  |   |  |  |  |
| Address   |   |  |  |  |
|   |   |  |  |  |
| Ormond Beach, FL 32174  |   |  |  |  |
| City/State and Zip Code   |   |  |  |  |
| info@raichaerospace.com   |   |  |  |  |
| E-mail address: (to be used for future annual report notification)                          |   |  |  |  |
| For further information concerning this matter, please call:                                |   |  |  |  |
| Russell Sherwood at (772 ) 742 33 55  |   |  |  |  |
| Name of Person Area Code & Daytime Telephone ?  | -<br>Sumber                                 |  |  |  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:  |   |  |  |  |
| Registration Section Registration Section   |   |  |  |  |
| Division of Corporations  Division of Corporations  |   |  |  |  |
| <u>.                                    </u>  | P.O. Box 6327<br>Tallahassee, Florida 32314 |  |  |  |
| Tallahassee, Florida 32301  | rananassee, montaa 32314                    |  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |  |
| ☑ \$25 Filing Fee   |   |  |  |  |
| INHS18 (2/14)   |   |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

| 1. No   | ame of the limited liability company: Raich Aer   | rospace Gro   | oup LLC  |  |
|---|---|---|--|--|
| 2. (a)  | 226 N Nova Rd, Suite 357  | <sub>(b)</sub> 226 N  | (b) 226 N Nova Rd, Suite 357   |  |
| 2. (a)  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability com<br>(Note: MAY BE POST OFFICE BE   |  |
|   | Ormond Beach  | Ormoi   | nd Beach   |  |
|   | FL 32174  | FL 321  | 74   |  |
|   | 08/28/2012  | L1200   | 0110308  |  |
| 3,  | Date of filing/registration in Florida  | <u> </u>  | Document number  |  |
| 5. (a)  | AMERICAN SAFETY COUNCIL, INC.   |   |  |  |
| J. (11)   | Registered Agent and Registered Office shown on the records of  | the Florida Dept. of St   | ite:   |  |
|   | 5125 ADANSON ST.,   |   |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET)  | 4DDRESS)  | _  |  |
|   | SUITE 500   |   |  |  |
|   | ORLANDOFI.  | 32174   | 2019 OCT -2  |  |
| (b)   | Registered Agents Inc.  |   | )CT -  |  |
| ,   | Enter name of NEW Registered Agent and/or NEW Registered  | Office address:   |  |  |
|   | 7901 4th St N   |   | P3 12:   |  |
|   | NEW Registered Office Address:  |   |  |  |
|   | STE 300   |   | _ ;<br>_   |  |
|   | St. Petersburg  | 33702   | _  |  |
| the cha<br>agent was/w<br>the art<br>Signa<br>I here<br>provis<br>the ob-<br>to mer | limited liability company is not organized under the lay 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 ices of organization or the operating agreement of the attire of a member or authorized representative of a member of the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide the project a change in the registered office address. It is writing of this change.  Bill Havre - Assistantical agent and complete a Bill Havre - Assistantical agent and change. | the registered officability company, it of the limited liability continuited liability continuited liability continuited liability continuited liability continuited liability continuited for the continuite of my differ in Chapter 60 differ | ce and the business office of the ris hereby confirmed that the charity company or as otherwise proving the company of as otherwise proving the company of t |  |

Signature of Registered Agent