## Alonosss

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(333,133,133,133,133,133,133,133,133,133						
(Document Number)						
Certified Copies Certificates of Status						
<u> </u>						
Special Instructions to Filing Officer:						
Ì						



05/21/18--01017--009 <del>\$\$5.00</del> \$2.5



Office Use Only

Josher

## **COVER LETTER**

	egistration Section livision of Corporations				
SUBJEC		ETING ENTERPRISES LLLP			
	Name of Limited Partner	rship or Limited Liability Limited Partnership			
DOCUM	IENT NUMBER:	A1000000335	000000335		
	osed Statement of Change of Rosubmitted for filing.	egistered Office and/or Registered Agent a	and		
Please re	turn all correspondence concern	ning this matter to:			
	Amanda Dunn				
	Contact Person				
	Magellan Aviation Gro	oup			
	Firm/Company				
	2345 Township Road, S	Ste B			
	Address				
	Charlotte NC 28273	3	~? 		
	City, State and Zip Code	<del></del>	<u>=</u>		
	Amanda.Dunn@magella	angroup.net	罢.		
E-ma	il address: (to be used for future annu	al report notification)	2318 HAY 21		
For furth	er information concerning this	*1	יט !		
	Amanda Dunn	at ( 704 ) 504 9204 (x710	ວ3້າ		
N	ame of Contact Person	Area Code and Daytime Telephone Nun	n <b>bes</b>		
Enclosed	is a \$35.00 check made payabl	le to the Florida Department of State.			
STREET	Γ ADDRESS:	MAILING ADDRESS:			
_	ion Section	Registration Section			
Division of Corporations Division of Corporations					
Clifton B		P. O. Box 6327			
	ecutive Center Circle	Tallahassee, FL 32314			
Tallahass	see, FL 32301				

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	<u>B &amp; B MARKETING I</u>				
Nan	ne of Limited Partnership or Lin	nited Liability I	Limited Partner	ship	
2. 06	6/16/2010	3.	A1000	0000335	
Date of filing/registration in Florida			Florida docu	ment number	
4. The name of the reg Department of State:	istered agent and the registered	office address	as shown on the	e records of the Flo	rida
_	Manfre,	, Linda		_	
Name					
_	_				
	Addr	ress			
-	Deerfield Bear	ch, FL 3306	4	_	
	City, State	and Zip			
5. The name and Florid	da street address of the new regi	_	d/or office:	2918	
-	Elizabeth				3.4.
	Nan	ne		· ~	
-	1901 Green F				ال الله 1
	Florida street address (P.	O. Box not acc	eptable)	j. U	
_	Deerfield Beach	ı FL	33064	100	- cur
	City, State	and Zip		0.000	
6. Such change(s) is/ar	e effective when filed by the Flo	orida Departme	nt of State.		
JAMA	LUNOMAA				
Signature of General Pa	artner	_			
comply with the provisi	pointment as registered agent and ions of all statutes relative to the an accept the obligations of my Agent	e proper and co	mplete perform	l further agree to ance of my duties,	
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50