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| (Re | equestor's Name) | | | |
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| . PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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D. BRUCE

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT:Name of Limited Partner | South Hangar, Ltd ership or Limited Liability Limited Partnership |
| DOCUMENT NUMBER: | |
| The enclosed Statement of Change of R fee(s) are submitted for filing. | Registered Office and/or Registered Agent and |
| Please return all correspondence concer | rning this matter to: |
| Olga Parra | |
| Contact Person | |
| c/o Galaxy Aviatio | n |
| Firm/Company | |
| 2255 Glades Road, Suit | e 321A |
| Address | EP HA |
| Boca Raton, Florida 3 | e 321A Constiant of Start of |
| City, State and Zip Code | e |
| oparra@galaxyavia | ition.com |
| E-mail address: (to be used for future ann | ual report notification) |
| For further information concerning this | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Olga Parra | at (561) 947 4138 |
| Name of Contact Person | Area Code and Daytime Telephone Number |
| Enclosed is a \$35.00 check made payab | ole to the Florida Department of State. |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P. O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, FL 32314 |

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.

| 1 | South H | angar, Ltd | | | |
|---|--|---|--|----------------------|--|
| | Name of Limited Partnership or Li | mited Liability Lir | nited Partnership | | |
| 2 | 11/14/1988 | 3. | A2735 | 7 | |
| Date of f | Date of filing/registration in Florida | | Florida document | nt number | |
| 4. The name of the Department of States | he registered agent and the registered ate: | d office address as | shown on the reco | rds of the Florida | |
| | Richard H | I. Breslow | | | |
| | Na | ime | | | |
| | 2255 Glades Road, Suite 321A | | IA | | |
| | Add | Iress | | ****** | |
| | Boca Raton, Florida 33143 | | | ALE S | |
| | | te and Zip | | AR A | |
| 5. The name and | Florida street address of the new reg | gistered agent and/ | or office: | P24 TAR) TASSE | |
| | Olga E. P | arra, Esq. | | E 6 | |
| | Na | ime | | AN IO: Y OF STA | |
| | 2255 Glades Ro | oad, Suite 321 | Α | | |
| | Florida street address (F | P.O. Box not accep | table) | Sm. 7 | |
| | Boca Raton | FI. | 33143 | | |
| | City, Star | te and Zip | + | | |
| Towns | is/are effective when filed by the F | aren | | .a | |
| Signature of Gene | | | | | |
| Ü | CHIEF FI | | | | |
| I hereby accept th comply with the p | CHIEF FI he appointment as registered agent a provisions of all statutes relative to the | nd agree to act in he proper and com | this capacity. I fu plete performance | rther agree to | |
| I hereby accept th comply with the p | CHIEF FI | nd agree to act in he proper and com | this capacity. I fu plete performance | rther agree to | |
| I hereby accept th comply with the p | chiese Fine appointment as registered agent a provisions of all statutes relative to the with an accept the obligations of m | nd agree to act in he proper and com | this capacity. I fu plete performance | rther agree to | |