

BD90000000013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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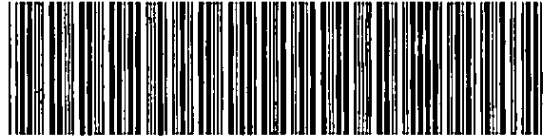
(Business Entity Name)

(Document Number)

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MAY 22 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Magellan Aviation Group LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B09000000013

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amanda Dunn  
Contact Person  
Magellan Aviation Group  
Firm/Company  
2345 Township Road, Ste B  
Address  
Charlotte NC 28273  
City, State and Zip Code  
Amanda.Dunn@magellangroup.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Dunn at ( 704 ) 504 9204 (x7103)  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
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. Magellan Aviation Group LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/21/2008 3. B09000000013  
Date of filing/registration in Florida Florida document number

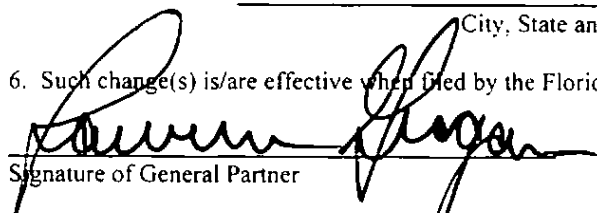
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Linda Manfre  
Name  
6530 West Rogers Circle, Ste 33  
Address  
Boca Raton, FL 33487  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Elizabeth Meehan  
Name  
1901 Green Road, Ste F  
Florida street address (P.O. Box not acceptable)  
Deerfield Beach FL 33064  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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