L000000021

(** ***		
(Requestor's Name)		
From: (302) 636-5400 Origin ID: ILGA GRACE KIRBY CSC - WILMINGTON 2711 CENTERVILLE RD, SUITE 400		
WILMINGTON, DE 19808		
SHIP TO: (850)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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ZOI3 APR -9 AM IO: 51 SECRETARY OF STATE

B. BOSTICK APR **1 0** 2013

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: FL DEPT OF FINANCIAL SERVICES ATTENTION: PAM EDENFIELD

From: Grace Kirby gkirby3@cscinfo.com

Date: April 5, 2013

Order#: 599590/005

Re: H & D AVIATION, L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

2013 APR -9 AM 10: 51 SECRETARY OF STATE, TALLAHASSEE, FLORIG,

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. N	Jame of the limited liability company: H&D AVIATION	, L.C.
2. (a	a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Greenville, NC 27834
(1	b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 448 Greenville, NC 27835
3. E	Date of filing/registration in Florida	L00000000221 4. Document number
5. ((a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
	Registered Agent:	James S.Lyerly
	Registered Office Address:	7610 US Highway 41 N. Palmetto, FL 34221 ARC APP T
(1	b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	SE I
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
		Tallahassee ,FL 32301
conf and liabi the r the c	re limited liability company is not organized under the later that after the change or changes are made, the Flothe business office of the registered agent will be identially company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
	a Priebe, Authorized Person ed or typed name of signee	-
I he com and	reby accept the appointment as registered agent and ag ply with the provisions of all statules relative to the pro I am familiar with and accept the obligations of my pos pter 608, F.S. Or, if this document is being filed to mer ress, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in
Cha	pter 608, F.S. Or, if this document is being filed to mer ress, I hereby confirm that the limited liability company	rely reflect a change in the registered office has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00