L01000002837

(Requestor's Name)									
(Address)									
, ,									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Dusiness Fatily Name)									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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TO all a facilities of a series.

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COVER LETTER

TO:		stration Section sion of Corporations								
SUBJI	ECT:	Lakeland Aerospace								
		Name of Limited Liability Company								
Dear S	ir or N	Aadam:								
The en	closec	Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.						
Please	return	all correspondence concerning the	nis matter to t	the following:						
Gordon	Denn	is Reynolds								
	-	Name of Person								
Lakelar	nd Aen	ospace								
		Firm/Company								
10026 1	NW 52	Ind Terrace								
		Address								
Doral, l	Flodida	a, 33178								
		City/State and Zip Code								
lakelan	daero@	Dyahoo.com								
E	-mail	address: (to be used for future an	nual report no	otification)						
For fur	ther in	nformation concerning this matter	, please call:							
Gordon	Denn	is Reynolds	305 at (9051992						
	-	Name of Person		Area Code & Daytime Telephone Number						
		ling Address:		Street Address:						
		istration Section		Registration Section Division of Corporations						
		sion of Corporations Box 6327		The Centre of Tallahassee						
		ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
	Encl	osed is a check for the followin	g amount:							
	= \$2	25 Filing Fee		\$55 Filing Fee & Certified Copy						



June 20, 2024

GORDON DENNIS REYNOLDS 10026 NW 52ND TERRACE DORAL, FL 33178

SUBJECT: LAKELAND AEROSPACE LLC

Ref. Number: L01000002837

We have received your document for LAKELAND AEROSPACE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the name of the NEW Registered Agent in part (b). cannot state N/A.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 524A00013481

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u>n</u> ((b)	Mailing address of	limited liabili	ty compan	ÿ:
	10026 NW 52nd Terrace		10026 N	W 52nd Terrace	<u>. 10310111</u>	ICE BUN	
	Doral,		Doral.	•			
	Dotal				··		
	Florida, 33178		Florida, 33	178			
3.	Date of filing/registration in Florida	4.		Document nur	nber LC	100	
5. (a)						_	
_ ,	Registered Agent and Registered Office shown on the record	ds of the Flori	da Dept. of St	ate:			
	Lea Liberman, CPA, CFF						
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRES	55)	- -			
	9100 Belvedere Rd				_ 1	~>	
	Ste 211Royal Palm Beach	. FL ³³⁴¹¹		_	ÄLLÆ	2024 OCT 31	71
		_,	-	_	를 Pa	CT	1 1
(b)					G.	$\frac{3}{2}$	i
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office a	ddress:		Ü	P	ITT
لا	LEA LIBERMAN CPA	CFF.			TÄLLAHÄSSEE, FLORID	PM 4:	
	NEW Registered Office Address:					26	
	9100 Belvedere Rd, Ste 211			<u> </u>			
	Royal Palm Beach	. FL ³³⁴¹¹					
			0 65		~	1.1 . 6	
If the I change	imited liability company is not organized under the or changes are made, the Florida street address of	e laws of th f the registe:	e State of F red office a	forida, it is heret nd the business o	office of the	d that aft registere	er the ed
agent v	will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the members.	ed liability o	ompany, it	is hereby confir	ned that the	change(s)
	icles of organization or the operating agreement of	the limited	liability co	mnany.			1 111
Ĺ	John. D. Keul Ture of a member of authorized representative of a member	Ç	Sorpal	DENPIS (LEANOLD	۶.	
Signa	ture of a member or authorized representative of a member	- 		Printed or typed	name of signe	E	
provisi the obl to meri	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as prov ely reflect a change in the registered office addres. d in writing of this change.	vided for in s, I hereby o	nance of my Chapter 60 confirm thai	duties, and I am 5, F.S. Or, if thi t the limited liab	i familiar wi is document ility compan	mply with ith and a is being ny has be	h the ccept filed en
-	Ω	<u>ज्य</u> िक>	تعالممال	E DALT.			
Signatu	re of Registered Agent	-		0	, - ·		