L0100013688

	(Requestor's Name)	•				
	(
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
	(011)/01010/210/					
PICK-UE	WAIT	MAIL				
	(Business Entity Name)					
,						
	(Document Number)					
	,					
	and the contract	.				
Certified Copies	ertified Copies Certificates of Status					
Special Instructions	to Filina Officer:					
operation of thing officer.						
:						
1						
1						
<u>PH</u>						

Office Use Only



700105741537

07/12/07--01016--004 **25.00

07 JUL 12 PH 12: 11

SECRETARY OF STATE DIVISION OF CONTRACTORS

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Sunshine State Airvac	imited Liability Company)		
(Name of L	innited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Jim Georges			
(Name of Person)			
Sunshine State Airvac			
(Firm/Company)			
298 Roosevelt Ave.	· ·		
(Address)			
Satellite Beach Fl. 32937			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Jim Georges	at (321) 223-2978		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the followin	g amount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

INHS18 (8/05)

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. The name of the lim	ited liability company i	is: Sunshine Sta	ite Airvac	
2. The mailing address	of the limited liability	company is: 2	98 Roosevelt Ave. Sate	ellite Beach, Fl. 32937
August 15, 2001			L01000013688	
3. Date of filing/registr	ration in Florida		4. Document number	•
5. The name of the regineration of the regineration of the region of the		gistered office	address as shown on the	he records of the
•	Susan Stone			_ DIV
		Name		71S
	7442 N.W. 51st. W			
Address			7 JUL 12	
	Coconut Creek, Fl.	y, State and Zi	n	,
		•	•	R 59
6. The name and addres	is of the new registered	l agent and/or c	office:	5 89
	Jim Georges			PM 12: 11
		Name		Ž.,
	298 Roosevelt Ave.			
	Florida street addre	ess (P.O. Box I	NOT acceptable)	
	Satellite Beach	FL 3293	7	
	City,	, State and Zip		
If the limited liability of confirmed that after the and the business office liability company, it is lof the members of the or the operating agreem (Signature of a member or aut)	change or changes are of the registered agent hereby confirmed that the limited liability companient of the limited liability.	made, the Flor will be identicathe change(s) want or as otherwall lity company.	rida street address of the case of the case of a vas/were authorized by	he registered office Florida limited an affirmative vote
Jim Georges	ionzed representative or a mer	inoci y		
(Printed or typed name of sign	ee)			
I hereby accept the app comply with the provisi and I amfamiliar with a Chapter 608, F. S. Or, address II hereby confin (Signature of Registered Agen		l agent and agr tive to the prop ons of my posit og filed to mere ility company h	ee to act in this capac er and complete perfo ion as registered ager ly reflect a change in i ias been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.

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