L02000020354

(Requestor's Name)	_	
(Address)		
(Address)		
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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SECRUTARY OF STATE
DIVISION OF CORPORATIONS

- COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Platinum Jet Management LLC		
(Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Michael Moulis		
(Name of Person)		
Moulis & Associates (Firm/Company)		
1050 Lee Wagener Blvd, Suite # 105	· · · · · · · · · · · · · · · · · · ·	
(Address)		
FT Lauderdale , FL 33315		
(City/State and Zip Code)	 	
For further information concerning this mat	ter, please call:	
	0.54 5.47 0.555	
Michael Moulis (Name of Person)	at (954) 547-0555 (Area Code & Daytime Telephone Number)	
(Number 1 dison)	(Alea code & Baytime Telephone Namoer)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the followi	ng amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 limited liability company is:	Platinum Jet Management LLC
2. The mailing address of the limited liability con	npany is : 1100 Lee Wagener Blvd, Ste # 314
FT Lauderdale, FL 33315	
08- 4 9-02	L02000020354
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
Michael Moulis	
	Name
1100 Lee Wagener Bly	
	ddress 9
FT Lauderdale, FL 333	tate and Zip
• ,	2 02-
6. The name and address of the new registered age	ent and/or office:
Michael Moulis	ame d, ste # 105 (P.O. Box NOT acceptable)
N	ame ?? ATE
1050 Lee Wagener Blv	d, ste # 105
Florida street address	(P.O. Box NOT acceptable)
FT Lauderdale,	FL 33315
City, Sta	ate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
Andre Budhan (Printed or typed name of signee)	
	and and armed to not in this convents. I foutless course to
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fix address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my auties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.
(Signature of Registered Agent)	_

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