1.03000032915

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





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03/31/15--01017--024 **25.00

SECRETARY OF STATE TALLAHASSEE FLORIDA 15 MAR 31 AM 10: 55

APR 0 9 2015 T. CARTER



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 27, 2015

Order#: 558117/010

Re: ATP FLIGHT ACADEMY, LLC

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:Ami Casper

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

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.

1.	Na	me of the limited liability company: ATP FLIGHT AC	CADEMY, L	LC		
2.	(a)	1555 The Greens Way	(b)			
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Jacksonville Beach, FL 32250	 			
		09/02/2003	L	03000032915		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	F & L Corp.				
	` /	Registered Agent and Registered Office shown on the records of t	the Florida De	pt, of State:	15 15	
		One Independent Drive, Suite 1300			HAR	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					R 3	
					TARY NSSE	
					ED OF ST EE, Flo	
		Jacksonville , FL	32202		0: 	
	(b)	Corporation Service Company			ATE PRIDA 55	
	•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u>ss</u> :	•	
		1201 Hays Street				
		NEW Registered Office Address:				
						
		Tallahassee , FL	, 32301			
		,				
th ag	e cha ent v	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia	the register ability comp	red office and the business opany, it is hereby confirmed	ffice of the registered that the change(s)	
th	as/we e arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	limited liab	o natinty company or as our fility company.	ierwise provided in	
		2-112	Derrick	Dennis, Authorized Person		
_	Signat	ture of a member or authorized representative of a member	DOMINIC	Printed or typed name		
pr th to	ovisi e obl mere	by accept the appointment as registered agent and aground ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.	ee to act in performanc d for in Cha hereby confi	this capacity. I further agre se of my duties, and I am fan upter 605, F.S. Or, if this do irm that the limited liability	re to comply with the riliar with and accept ocument is being filed company has been	
Si	ignaru	Sure Over Corporation Service Company	BY: Sylv	ria Queppet, Asst. Vice Pro	esident	

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