L030000042742

(Requestor's Name (RETAIN) (RETAIN) (REQUESTOR'S Name (RETAIN) (RETAIN) (RETAIN) (REQUESTOR'S Name (RETAIN) (RETAIN)	200033046962
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	04/27/04~-01010-~001 **25.00
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 liability company submits the following stateme agent, or both, in the State of Florida.	or 608.508, Florida nt in order to change	Statutes, the undersigned limited its registered office or registered
1. The name of the limited liability company is:	JTP Aviation, LLC	2004 APR 21
2. The mailing address of the limited liability co	mpany is: 2233 Bree	ckenridge St., Athens, TN. 2: 1
37303		TENNASSEE, FLORIDA
11-05-2003	L03000	042742
3. Date of filing/registration in Florida	4. Docum	nent number
5. The name of the registered agent and the regist Florida Department of State:	tered office address as	shown on the records of the
Tyler R. Mayo		
827 Maralyn, Apt. A	Name A	
	Address	
New Smyrna Beach		
City,	State and Zip	
6. The name and address of the new registered ag	gent and/or office:	
Tyler R. Mayo		<u>_</u>
101 S. Bent Tree S	Name t.	
Florida street address	s (P.O. Box NOT acce	ptable)
Daytona Beach,	FL 32114	
City, S	tate and Zip	
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability company.	ade, the Florida street ill be identical. Or, in the change(s) was/were at as otherwise provided	address of the registered office the case of a Florida limited athorized by an affirmative vote of
See R. Mars		
(Signature of a member of authorized representative of a member	er)	
Joe R. Mayo		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 508, F.S. Or, if this document is being address been by confirm that the limited lightic	gent and agree to act i e to the proper and co is of my position as reg filed to merely reflect	n this capacity. I further agree to nplete performance of my duties, istered agent as provided for in a change in the registered office office in writing of this change

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

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