Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CUMMINGS & LOCKWOOD, LLC

Account Number : 102336001100 : (239)649-3101 Phone Fax Number : (239)430-3344

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE TOPFLIGHT VENTURES II, LLC

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OCT 03 2014

C. CARROTHERS

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

Persuant 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.

l. Na	one of the limited liability company: Topflight Ve	ntures II, LLC	
. (a)	12271 Shoreview Dr.	(b) 12271	Shoreview Dr.
(-)	Principal office address of limited liability company: (Note: MISST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	Matlacha, FL 33993	Matiach	a, FL 33993
	January 23, 2004	LD40000	06399
ı	Date of filing/registration in Florida	– 4. –––	Document number
	Shorti M. Zucker		•
(a)	Registered Agent and Registered Office shown on the recards of 13662 Pine Villa Lane	of the Plorida Dopt, of Sis	4
	Registered Office Address MUST BE FLORIDA STREET	TADDRESS)	F 25
	Fort Myers	33912	
			PH 12:
(b)	Enter name of NEW Resistered Agent and/or NEW Resister		_ ' ' '
	12271 Shoreview Dr. NEW Registered Office Address:		<u>.</u>
	Mattacha	_{FL_} 33993	-
the chi agent wat/w	Illinited liability company is not urganized under the range or changes are made, the Florida streat address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member tiples of organization or the operating agreement of the solution.	of the registered officiability company, it is of the limited liabil	ce and the business of the of the registered is hereby confirmed that the change(s) my company or as otherwise provided in mpany.
	ndure (1) a (nember or authorized representative (u)'s greather		Printed or typed name of signer
nory:e	thy accept the appointment as registered agent and a signs of all statutes reletive to the proper and completing of my position as registered agent as grown ely reflect a change in the registered office address, at its writing of this change.	igree is act in this ca le performance of m ded for in Chapter fi I hereby confirm tha	pacity. I further agree to comply with the outles, and I am fundiar with and accept 55, F.S. Or, if this document is peing filed the limited liability company has been
Signati	ine of Registered Ageny Division of Corporations● P.C FILING), Box 6327+ Tallah: FEE: \$25.00	rasee, FL 32314
FIS 18 (2			