

L04000021820

(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:

Office Use Only



700109197217

09/10/07--01030--021 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 20 PM 1:55

J. BRYAN SEP 11 2007

JB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2007

CHARITY WELY
PROSEPRITY BANK
100 SOUTHPARK BLVD.
ST. AUGUSTINE, FL 32086

SUBJECT: PROSPERITY AVIATION, LLC
Ref. Number: L04000021820

FILED STATE
SECRETARY OF CORPORATIONS
07 SEP 20 PM 1:55

We have received your document for PROSPERITY AVIATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 007A00053699

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prosperity Aviation, 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:

Charity Welby
(Name of Person)

Prosperity Bank
(Firm/Company)

100 Southpark Blvd.
(Address)

St. Aug. FL 32086
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 20 PM 1:55

For further information concerning this matter, please call:

Charity Welby at (904) 823-3902
(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 following 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: Prosperity Aviation, LLC
2. The mailing address of the limited liability company is: 100 Southpark Blvd.
St. Aug, FL 32086

03/22/04
3. Date of filing/registration in Florida

204000021820
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Upchurch Hamilton D.
Name
780 N. Ponce de Leon Blvd.
Address
St. Aug, FL 32084
City, State and Zip

6. The name and address of the new registered agent and/or office:

Eddie Creamer
Name
100 Southpark Blvd.
Florida street address (P.O. Box NOT acceptable)
St. Aug FL 32086
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Randy Peterson / Treasurer
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 20 PM 1:55