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3/14/2014	12:44:56	From:	To:	8506176383		,
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COVER LETTER

TO: Registration Section Division of Corporations

Gandy Air, LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT

2

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Estate of Patsy J. Crissfi, Deceased

c/o Watson Mundorff Brooks & Sepic, LLP

Name of Person

GANDY AIR LLC

Firm/Company

720 Vanderbilt Road

Address

Conneliaville, PA 15425-6218

City/State and Zip Code

hudo@wmblaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isia Name of Parson

at (724) ball-8582

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.D. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

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3/14/2014 12:44:56 From: To: 8506176383

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 Standes, 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. Name of the limited liability company: ______GANDY AIR LLC

2. (8)			(ხ)				_	_
		Principal office address of limited liability company: (Note: MUST BE STREAT ADDRESS)	-	м	ailing address of 1 (Note: MAY BE		-		
	W	atson Mundorff Brooks & Sepic, LLP, Attorneys for			ndorff Brooks &				
	Es	tate of Patsy J. Crissfi, Deceased, 720 Vanderbilt Road	-	Estate of Pa	tay J. Crisafi, De	ocased	, 720 Vand	lorbilt Rd	
	Co	onnelleville, PA 15425	-	Connells	vills, PA	1542	25		-
	06/2	21/2004		10400004656	52				
3.		Date of filing/registration in Florida	4.		Document num	ber			
5. (i	, CR	ISAFI, DECEASED, ESTATE OF PATSY J				•	77		
** (stored Agent and Registered Office shown on the records of th	e Flori	da Dopi. of State			i Ω	14	
	680	S County Road 208, SAINT AUGUSTINE, FL 32092					- <u>A</u> 22	14 MAR	*** (PR
	Reg	istored Office Address (MUST BE FLORIDA STBRETA	DDRE	55			E TAR	IR II	0000720 (1207220 (1207222
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		, PL, PL,						PĦ	
(b))	Corporation System				FLORIDA	မ္ <u></u> 		
	Eau	r mame of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office	address:	·		A	t-	
	NE	W Registered Office Address:							
	1	200 South Pine Island Road							
	Pla	satutionFL	33324						
the c agen was/	hange t will i were a	ed liability company is not organized under the law or changes are made, the Florida street address of a be identical. Or, in the case of a Florida limited lia uthorized by an affirmative vote of the members of of organization or the operating agreement of the l	the re bility the li	gistered office company, it is imited liability	and the busine hereby confir company or a	ss offi ned th	ce of the : at the cha	registere ngc(s)	зđ
	in i			Lisa	M Not or	0.	D.R.		
Sig	nsture c	of a member or anthorized representative of a member			Printed or typed a	lo emac	signee		
I he. p r ov	reby a Islons	ccept the appointment as registered agent and agre of all statutes relative to the proper and complete t	e lo d Herfor	act in this capa mance of my a	icity, I further tutles, and I ar	agree Jamil	to comply lar with a	v with th ind acce	e pt

brownians of all statutes relative to the proper and complete performance of my duites, that I and furnitue with that duce to the objections of my position as registered agent as provided for in Chapter 605, FS. Or, if this document is being filed to merely reflect a change in the registered office address, I hersby confirm that the limited liability company has been notified in writing of this change. C. T. Corporation System Agent Special Assistant Secretary

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

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