404000052428

(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



200433798642

LLC RAGRO Change

2024 AUG 20 AM RESSEIVED
2024 AUG 20 PH 12: 02

AL RAMSEY AUG 2/ 2024





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/19/2024				
Name:	Patrice Rush				
Reference #	2464103				
	MID-ATLA	NTIC AVIATION, LLC			
☐ Article	es of Incorporation/Authoriza	ion to Transact Business			
☐ Amen	dment				
✓ Change of Agent					
Reins	tatement				
Conversion					
☐ Merge	er				
☐ Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized A	mount: \$25.00				
Signature:	(Pall				

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.

Name of the limited liability company:			MIĐ-ATLANTIC AVIATION, LLC		
2. (a)	no change	_ (b) _	no change		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7/14/2004	 · <u>-</u>	L04000052428		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	REDDEN, DAVID H Registered Agent and Registered Office shown on the records of the		·		
	Registered Agent and Registered Office shown on the records of the	he Florida D			
			202		
	Registered Office Address (MUST BE FLORIDA STREET A				
	11600 NINTH ST N				
	ST. PETERSBURG FI.	337	2024 AUG 20 AM 11: 53		
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered (Office addre	:ss: :: : : : : : : : : : : : : : : : :		
	115 North Calhoun Street, Suite 4				
	NEW Registered Office Address:				
	Tallahassee FL	323	01		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe bility com f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
	/s/ David Redden		David Redden		
-	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	thy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I hed in writing of this change.	ee to act in performan I for in Ch pereby con	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
	/s/ Michael Carlisle				

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

Michael Carlisle, Assistant Secretary

Signature of Registered Agent