## KC4 GCCC 85554

(Requestor's Name) (Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	ST. PETERSBURG JET CENTER, LLC						
0000	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered (	Office Change ar	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to th	e following:				
Damas	o W. Saavedra						
_	Name of Person		<del></del>				
Saaved	ra-Goodwin						
	Firm/Company		<del></del>				
888 S.1	E 3rd Avenue, Suite 500						
	Address						
Fort La	auderdale, Florida 33316						
	City/State and Zip Code	2	<del></del> -				
dpazo(	Dsaavlaw.com						
ŀ	-mail address: (to be used for future a	innual report not	tification)				
For fu	rther information concerning this matt	er, please call:					
Deanna	а Раго	954 at (	767-6333				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the followi	ng amount:					
	■ \$25 Filing Fee	۵	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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.

1. N	ame of the limited liability company:  ST. PETERSBUR			LC		
2. (a)			(b)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4860 NE 12TH AVE.		4860 NE	12TH AVE.		
	FORT LAUDERDALE, FL 33334		FORT L	AUDERDALE, FL 33334		
	11/24/2004		1.0400008	5554		
3.	Date of filing/registration in Florida	- 4.	<del></del>	Document number		
5. (a	Saavedra, Damaso W, Esq.					
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State;					
				, 20		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	312 S.E. 17th Street Second Floor					
	Fort Lauderdale , FI	33316		3 2		
(b)	, 11	<b>-</b>				
				AH 10:		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			· ယ · ဟ		
	Saavedra, Damaso W. Esq.					
	NEW Registered Office Address:			<del></del>		
	888 S.E 3rd Avenue, Suite 500					
	Fort Lauderdale	33316				
chang agent was/w the ar Sign I here provis the ob	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of the organization or the operating agreement of the latter of a member or authorized representative of a member leby accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is a contraction of this change.	registe ability of the limited	ered office a company, it imited liability co	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.  Printed or typed name of signee		