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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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2006 JUL -5 AM II: 23
SECRETARY OF STATE
SECRETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2006

AMY OWENS 1226 ROYCROFT AVE CELEBRATION, FL 34747

SUBJECT: CELEBRITY AIRLINES, LLC

Ref. Number: L05000088245

We have received your document for CELEBRITY AIRLINES, 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):

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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 806A00041376

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: CELEBRITY AIRLINES LLC (Name of Corporation)		
DOCU	JMENT NUMBER:_ L05000088245		
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ng.	
Please	return all correspondence concerning this matter to the following:		
	AMY L OWENS		
	(Name of Contact Person)	200 TA	
	CELEBRITY AIRLINES LLC (Firm/Company)	2006 JUL -5 AM II: 23 SECRETARY OF STATE TALLAHASSEE. FLORID	H Crass Success Con-
	1226 ROYCROFT AVE	FS	Ş
	(Address)	II: 23 STATE	
	CELEBRATION, FL 34747 (City/State and Zip Code)	>	
For fu	rther information concerning this matter, please call:		
AMY	L OWENS at (407) 566-8990 (Name of Contact Person) (Area Code & Daytime Telepl	hone Number)	
Enclos	sed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section  Street Address: Amendment Section		

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Division of Corporations	
SUBJECT: Celebrity Air 10	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	
Amy L. Owens (Name of Person)	JUL -5 AH AHASSEE, F
Colebrity Airlines LLC	AM 11: 23 SEE. FLORIDA
1226 Roy croft Ave.	
Celebration, FL 3474 (City/State and Zip Code)	1
For further information concerning this matter, p	lease call:
Arry Owens · at (Name of Person)	(407) 566-8990 (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 an	nount:
\$25 Filing Fee	S55 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 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	8, Florida Statutes, the un to change its registered o	idersigned limii ffice or register	ted red
1. The name of the limited liability company is:	ority Airline	s cla	
2. The mailing address of the limited liability company is:	1226 Boycrot	Ave.	
Colebration, FL 34747			
September 7, 2005 3. Date of filing/registration in Florida		38245	
5. The name of the registered agent and the registered office Florida Department of State:		ecords of the	
Name 1226 Percention FL City, State and Z	Ave. 34747	2006 JUL -5 SECRETARY	
6. The name and address of the new registered agent and/or	office:		ŕT
Amy L. Owens	<u> </u>	AM II: 23 OF STATE	Control
<u>12a6 Royorot +</u> Florida street address (P.O. Box	NOT acceptable)		
Colebration FL 30 City, State and Zij	1747	-	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company.  (Signature of a member of authorized representative of a member)  (Printed or typed name of signee)	aws of the State of Florida, is orida street address of the recal. Or, in the case of a Flowas/were authorized by an wise provided in the articles	egistered office rida limited affirmative vote	е

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 of Registered Agent)

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