

**L05000108689**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE  
AVIATION CAREERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	034
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**\*RE-SUBMIT\***

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TBrawn

10/8/13

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aviation Careers, 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:

Michael Sommers  
Name of Person

STS Services Inc.  
Firm/Company

2000 NE Jensen Beach Blvd.  
Address

Jensen Beach, FL 34957  
City/State and Zip Code

mike.sommers@stsaveiationgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Seifert at ( 800 ) 800-2400 x 8041  
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



October 7, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AVIATION CAREERS, LLC  
2000 NE JENSEN BEACH BLVD.  
JENSEN BEACH, FL 34957

SUBJECT: AVIATION CAREERS, LLC  
REF: L05000108689

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document number for this LLC is L05000108689, please correct the document.

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) 245-6051.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H13000221375  
Letter Number: 013A00023440

RECEIVED

13 OCT -7 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 10/4

**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. Name of the limited liability company: Aviation Careers, LLC

2. (a) Principal office address of limited liability company: 2000 NE Jensen Beach Blvd.  
Jensen Beach Fl. 34937  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: Same as above  
*(Note: MAY BE POST OFFICE BOX)*

11/8/2005  
3. Date of filing/registration in Florida

L05000108689  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI Services, Inc.

Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System

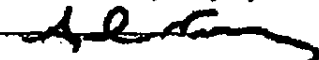
NEW Registered Office Address: 1200 South Pine Island Road  
*(MUST BE FLORIDA STREET ADDRESS)* Plantation, FL 33324

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 of member or authorized representative of a member

Michael C. Sommers  
Printed or typed name of signor

*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.*

By: C T Corporation System  
Signature of Registered Agent 

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

**Angel Nunez**  
**Assistant Secretary**

JNH518 (05/08)

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