## 104000031412

/Dogu	estor's Name)	
(кеци	iestoi s Name)	
<u>.</u>		
(Addre	ess)	
(Address)		
· (City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Busir	ness Entity Nan	ne)
	•	
. (Docu	ment Number)	
	,	
Certified Copies	Certificates	of Status
ocitifica copies	Certificates	or otatus
Special Instructions to Filing Officer:		
	•	

Office Use Only



700139223677

12/29/08--01009--013 \*\*25.00

2008 DEC 29 AM II: 00
SECRETARY OF STATE

T. CLINE

DEC 3 0 2008

**EXAMINER** 

## COVER LETTER

TO:	Registration Section Division of Corporations	,*
SUB.	TECT: Hangar 22 (Name of	of Limited Liability Company)
Dear	Sir or Madam:	
The e	enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning	this matter to the following:
For f	James G. Rhodes II  (Name of Person)  Hangar JL  (Firm/Company)  1041 Hobson Street  (Address)  Longwood FL 32750  (City/State and Zip Code)  further information concerning this mat	BAHII: 00 SEE.FLORIO
	JAMES RHOOKS (Name of Person)	at ( 407 ) 448-0/0/ (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 followi	ng amount:
	✓ \$25 Filing Fee	☐ \$55 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 608.508, 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: Hangar 22			
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 1041 Hobson Street Longwood FL 32750		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1041 Hobson Street Longwood FL 32750		
3/24/06	L06000031412		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	· James Cu Rhodes #		
Registered Office Address:	#380, 478 East Altumente Dun Suite # 108 Altumente Springs FL 32 70# 6		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	James G. Rhodes off		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	LONGWOOD ,FL32750		
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 a member or authorized representative of a member)	<u></u>		
TAMES O. RHODES IF (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.		
(Signature of Registered Agent)	•		

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

SOMET