(Requestor's Name)			
(Address)	2003352		
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)	19/10/1901		
Certified Copies Certificates of Status			
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Office Use Only



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COVER LETTER

TO:	 Registration Section Division of Corporations 						
SUBJ	ECT:	<i>H</i> ,	Tech	Avia	11 (n	Weldin	1 120
				Name of Lim	ited Liabili	ty Company	•
Dear S	Sir or Madam	:					
The er	nclosed Regis	tered Ag	ent/Registered	Office Chang	ge and fee(s	s) are submitted for	filing.
Please	return all co	rrespond	ence concernir	ng this matter	to the follo	wing:	
	5hc	r c s c Nan	ne of Person	odic			
	11, T	Fin	Aviati n/Company	on W	<u>eldin</u> g		
	4911 _	<i>5/J</i> A	/&& 7 /5 ddress	Ave			
Sci	urhisest	City/Sta	<i>inches</i> ate and Zip Ćo	<u>[7 33</u> de	<u> </u>		
	Sheres E-mail addres	ss: (to be	37€ √ used for future	annual repor	(en) rt notification	on)	
For fu	rther informa	ition cond	cerning this ma	atter, please c	all:		
<u></u>	herrs. Na	me of Pe	nochis rson	at (<i>934- 49</i> _ ea Code & Daytim	36. e Telephone Number
	STREET/OREGISTRATION OF Clifton But 2661 Executable Tallahassee	n Sectior Corpora ilding utive Cer	itions iter Circle	:	Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, Florida 32314	4
	Enclosed is a check for the following amount:						
	\$25 Fili	ng Fee			□ \$55 Fi	ling Fee & Certifie	d Copy
INHS	18 (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. Name of the limited liability company:/	-cch Av	varion We	Iding ill
2. (a) 6040 NW 4914 Street			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address o	of limited liability company: BE POST OFFICE BOX)
Miami, R 33164		Mami, 1	83104
6/7// 7 CC (i		L 060000	4313E
3. Date of filing/registration in Florida	4.	Document nu	ımber
5. (a) (Jayre K America) Registered Agent and Registered Office shown on the records	s of the Florida Deni	t of State:	
		. W Chart.	
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		
Mani, 19 33144			. 2
			2019 OCT 10
`			CT
(b)			5
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address	:	PH I
8000 NW 6711 S	Trect		PH 4: 57
NEW Registered Office Address:			
Maini.	, FL <u>?37</u>	<u>(1)</u>	
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or in the case of a Florida limited was/were authorized by an affirmative vote of the membe the articles of organization or the operating agreement of	s of the registered Inability compacts of the limited	d office and the busing, it is hereby confi- liability company or	ness office of the registered rmed that the change(s)
		Shows of Printed or typed	Anrache
Signature of a member or authorized representative of a member			•
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complethe obligations of my position as registered agent as prove to merely reflect a change in the registered office address notified in writing of this change.	agree to act in the lefe performance vided for in Chap s. I hereby confir	his capacity. I furthe of my duties, and I a uer 605, F.S. Or, if to m that the limited lia	r agree to comply with the im familiar with and accept his document is being filed bility company has been
Signature of Registered Agent			
Digitatine of Registered Agent			