107000 74650

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

Office Use Only



400328050834

04/22/13--01012--009 **25.00

19 HAY 13 PH 2: 31

WAY 1 4 2019 T SCHROEDER

COVER LETTER

Division of Corporations	•	
SUBJECT: Yelvington Helinit	copter LLC ed 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:	
Alice Adams Name of Person		
Yelwasta Helicapta, Film/Company	LIC	
3306 Bellevue Ave		
City/State and Zip Code	414	
E-mail address: (to be used for inture annual report notification)		
For further information concerning this matter, please call:		
Alice Adams at (35)	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:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.

7 400 ttet.	
1. Name of the limited liability company: Velving	to Helicopter LLC
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 BON)
3326 Bellevue Ave	
Daytoni Bol, Fl 32/14	
- April 9 2019	LC:7CCC074650
3. Date of filing/registration in Florida 4.	Document number
Registered Agent and Registered Office shown on the boards of the Flo Registered Office Address OMUST BE FLORIDA STREET ADDRE	ALLU ALLU
(b) Gay Jewington Enter name of NEW Registered Agent and/or NEW Registered Office	LORIDO STATE 2:31
NEW Registered Office Address:	
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the limited Signature of themptor or authorized representative of a member. Thereby accept the appointment as registered agent and agree to the signature of the appointment as registered agent and agree to the signature of the appointment as registered agent and agree to the appointment as registered agent and agree to the agree to the agree of the agree to the agree of the agree	egistered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ed liability company. Plinted or typed name of since act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete perfo the obligations of my position as registered agent as provided for i to merely reflect a change in the negistered office address. I hereby not fied in writing of this change.	rmance of my duties, and Lam familiar with and accept in Chapter 605, F.S., Or, if this document is being tiled.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314