

(Requestor's Name)
(Address)
(Åddress)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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DEC 2 C 2017 S. PRATHER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2017

AIRCRAFT CHARTER AND SALES, LLC C/O P.O. BOX 310655 MIAMI, FL 33231

SUBJECT: AIRCRAFT CHARTER AND SALES, LLC Ref. Number: L07000099676

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by January 2, 2018, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather Regulatory Specialist III

Letter Number: 317A00022503

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

TO: **Registration Section** Division of Corporations

AIRCRAFT CHARTEN AND SALES LLC Name of Limited Liability Company SUBJECT:

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:

CHRISTIAN CANACITE Name of Person

Firm/Company

1110 BRICKELL AVENUE SUITEY30 Address

MIAM FLORIDA 3313) City/State and Zip Code

CCANACHE Q 44 HOO. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 HNISTIN (MACHEL 305, 302 7983)

 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

S55 Filing Fee & Certified Copy

INHS18 (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. Na	ame of the limited liability company:AINCNAT	+ C1	HARTER AN	ND SHIES	<u>uc</u>
2. (a)	1110 BRICKELL AN STE 430	(b)	P.O BOX		
	Principal office address of limited liability company:			ress of limited liability	
	( <u>Nove: MUST BE STREET ADDRESS</u> ) MIAMI F(3313]		MIAMI	<u>AY BE POST OFFIC</u> P1 337	<u>z no.</u> ) 3 ]
			Loto	000996	76
3.	Date of filing/registration in Florida	4	Documen	nt number	
5. (a)	CHNISTIM CANACHE				
(,	Registered Agent and Registered Office shown on the records of th	ie Florida I	Dept. of State:		
	POBOX 310655 MIAM	1) PI	3373)	25	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	1110 BRICKell AV SU	1750	130		
	MIMI .FL			N	
(b)				-	AH IO:
(0)	D)			÷.	<b>1</b>
	CITAIST AN CAMACITE				
	NEW Registered Office Address:				
	1110 BRICKELL AV SUI	104.	30		
	MIMIFL_	33	13/		
the cha agent v was/wa	imited liability company is not organized under the laws inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	he registe bility con The limit	ered office and the b pany, it is hereby co ed liability company	ousiness office of t onfirmed that the	the registered change(s)
the arti	cles of organization of the operating agreement of the h	imited lia	bility company.		

CANUTION CANACHE Printed or typed name of signee or authorized representative of a member Signature of a memb

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 dutics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a charge in the registered office address, I hereby confirm that the limited liability company has been notified in writing of file charge.

Signature of Registered Agent

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