L01000/02460

(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:			
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2012 JUL 13 PM 3: 42
SECRETARY OF STATE
AND ASSEE, FLORIDA

T. CLINE
JUL 1 6 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2012

BRANDI ANDREWS 1002 W BUSCH BLVD TAMPA, FL 33612

SUBJECT: AIR NATIONAL WAREHOUSE, LLC

Ref. Number: L07000102460

We have received your document for AIR NATIONAL WAREHOUSE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 212A00017690

2 JH 13 PH 3: 43

COVER LETTER

	Registration Section Division of Corporations			
SUBJE		Wasehovse CCC d Liability Company		
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered Office	Change and fee(s) are submitted for fil	ing.	
Please r	eturn all correspondence concerning this m	natter to the following:		
- -	Barry Andrews Name of Person			
A	r National Firm/Company			
10	NO2 W Busch Blud Address	·		
Ta	City/State and Zip Code		T 52	
	nail address: (to be used for future annual report notification the information concerning this matter, ple		012 JUL 13 SECRETARY	parinta
	Scandi Andrews at (813 833 - 4826 Area Code & Daytime Telephone Number	PH 3: 0F ST/ E. FLOO	
	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	₇ . ω	
	Enclosed is a check for the following am	ount:		
Γ	\$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:Air/	Vational Warehouse UC
2. (a) Principal office address of limited liability compar	ny: 1002 W Busch Blud
(Note: MUST BE STREET ADDRESS)	Tampa FL 336/2
(b) Mailing address of limited liability company:	1002 W Buxh Blud
(Note: MAY BE POST OFFICE BOX)	Tampa FC 33612
10/8/07	L07000102460
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Brandi Andrews
Registered Office Address:	15804 Timberwood Dr
	Tampa FL 33625
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:
NEW Registered Agent:	Jeremy Balthazar
NEW Registered Office Address:	12310 Veronica Ave
(MUST BE FLORIDA STREET ADDRESS)	Tampa \$ \$612
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered effice ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
JEREMY BALTHAZAR	•

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.

Signature of Registeron Agent

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