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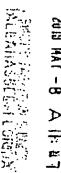
(Re	equestor's Name)			
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T. LEMEUX

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Blue Angel Aircraft, LLC		
001271	ability Company		
Dear S	iir or Madam:		
The en	nclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the	following:
John	A. DeSalvo		
•	Name of Person		_
Blue	Angel Aircraft, LLC		
	Firm/Company		
120 S	South Seranata Drive, Villa #331		
	Address		_
Ponte	e Vedra Beach, FL 32082		
	City/State and Zip Code		
E	E-mail address: (to be used for future annua	il report notif	ication)
For fur	ther information concerning this matter, pl	lease call:	
John .	A. DeSalvo	904	342-7242
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
	Enclosed is a check for the following ar	mount:	
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18	8 (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.

. Na	ame of the limited liability company:  Blue Ange		NO. 0 1 0 1 10 10 10 10 10 10 10 10 10 10 1	
. (a)	120 South Seranata Drive, Villa #331	(D) <u></u>	120 South Seranata Drive, Villa #331	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Ponte Vedra Beach, FL 32082		nte Vedra Beach, FL 32082	
	10/31/2007	L079	000110700	
	Date of filing/registration in Florida	4.	Document number	
(a)	RAX Co.			
(**)	Registered Agent and Registered Office shown on the records	s of the Florida Dept.	of State:	
	50 North Laura Street			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>	
	Suite 3300			
	Jacksonville	FL_32202	<del></del>	
(b)	John A. DeSalvo		ZIII WY	
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:		
	120 South Serenata Drive, Villa #331		WAY -8 A	
	NEW Registered Office Address:			
	Ponte Vedra Beach	FL 32082	<b>7</b> -1-	

Signature of a member or authorized representative of a member John A. DeSalvo Printed or typed name of signee

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 605, 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 Registered Agent

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