L07000129659

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SNELL LEGAL
Account Number : I20050000126
Phone : (386) 677-3232
Fax Number : (386) 677-6770

LC RACHG APR 09 2014

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
14 APR -7 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE

FLIGHT XV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

RECEIVED
14 APR -7 AM 6:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flight XV, LLC
Name of Limited 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:

Heather Bragg
Name of Person

Snell Legal
Firm/Company

160 East Granada Boulevard
Address

Ormond Beach, Florida 32176
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Bragg at (386) 677-3232
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 ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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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: Flight XV, LLC

2. (a) 2180 LPGA Boulevard
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Daytona Beach, Florida 32117

(b) P.O. Box 11825
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Daytona Beach, Florida 32120

3. December 03, 2007
Date of filing/registration in Florida

4. L07000126059
Document number

5. (a) Snell Legal
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

160 East Granada Boulevard
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Ormond Beach, FL 32176

(b) Kathleen Crotty
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1540 Cornerstone Boulevard
NEW Registered Office Address:

Suite 230

Daytona Beach, FL 32117

FILED
14 APR -7 PM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Dr. Michelle Carter-Scott
Signature of a member or authorized representative of a member

Dr. Michelle Carter-Scott
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.

INHS18 (2/14)

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