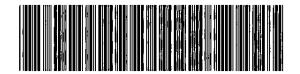
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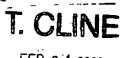
(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(Olly/State/Zip/Filotte #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Certified Copies Certificates of Status			
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Special Instructions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

Office Use Only



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FEB 24 2009



February 5, 2009

WILLIAM IRVINE 1222 LOCH TANNA LOOP SAINT JOHNS, FL 32259-5483

SUBJECT: AVIATION TRAINING RESOURCES, LLC

Ref. Number: L08000000506

We have received your document for AVIATION TRAINING RESOURCES, 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 eall (850) 245-6020.

Letter Number: 009A00004138

Tammi Cline Regulatory Specialist II

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

COVER LETTER

•				
TO: Registration Section Division of Corporations				
SUBJECT: AVIATION TRAINING RESOURCES LLC. (Name of Limited Liability Company)				
Dear Sir or Madam:				
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.			
Please return all correspondence co	oncerning this matter to the following:			
Wickiam J. RVIA (Name of Person	<u>u£</u>	2000 TAL		
AVIATION TRANSIC RI (Firm/Company	ESOURCES LLC	2009 FEB 23 SECRETARY O TALLAHASSEE		
1222 Lock Tanna L. (Address)		AH 11: 25 OF STATE EF, FLORIDA		
SAINT JOHNS FL 3 (City/State and Zip)	52259 Code)			
For further information concerning	g this matter, please call:			
Name of Person)	at (904) 230-9789 (Area Code & Daytime Telephone Number	er)		
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327	·		
Enclosed is a check for th	ne following amount:			
\$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.

The bland of a for town	
1. Name of the limited liability company:	TRAINING RESOURCES, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	MY: 1222 LOCK TANKA LOOP SAINT JOHNS, PL 32259
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAINT JOHNS, FL 32259
Jan 02 2008	Logoooosol Fr
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY =
Registered Office Address:	TALLAHASSES FL 3230/ OF ST
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ST. JOHNS FL 32259 FL.
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	reet address of the registered office and the business
(Signature of a member or authorized representative of a member)	
(Printed or typed name of signce)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notification.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby led in writing of this change.

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

(Signature of Registered Agent)