

68 000000506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. CLINE

FEB 24 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 009A00004138

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TALLAHASSEE, FL 32314

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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/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J. Irvine
(Name of Person)

AVIATION TRAINING RESOURCES LLC
(Firm/Company)

1222 LOCK TANA LOOP
(Address)

SAINT JOHNS FL 32259
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

William J. Irvine at (904) 230-9789
(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

**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: AVIATION TRAINING RESOURCES, LLC

2. (a) Principal office address of limited liability company: 1222 LOCK TANNER LOOP
(Note: **MUST BE STREET ADDRESS**) SAINT JOHNS, FL 32259

(b) Mailing address of limited liability company: 1222 LOCK TANNER LOOP
(Note: **MAY BE POST OFFICE BOX**) SAINT JOHNS, FL 32259

JAN 02, 2008
3. Date of filing/registration in Florida

L0800000506
4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE, FL 32301

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

NEW Registered Agent:

WILLIAM J. IRVINE

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1222 LOCK TANNER LOOP
ST. JOHNS FL 32259
, FL

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.

[Signature]
(Signature of a member or authorized representative of a member)

WILLIAM J. IRVINE
(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 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]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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