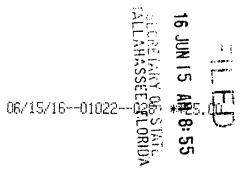
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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Chity Name)					
(Document Number)					
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DEPARTMENT OF STAR

JUN 1 6 2016 Y SULKER June 15, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10049013 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

MIAMI EXECUTIVE AVIATION, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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.

	lame of the limited liability company: MIAMI EXECU			··· ·
2. (a	Principal office address of limited liability company:	(1	b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	201 S ORANGE AVE, STE 1100			
	ATTN: TAX DEPARTMENT ORLANDO, FL 32801	<u> </u>	 	
	11/14/1996		L08000008927	
3.	Date of filing/registration in Florida	4.		Document number
5. (a) (b)	NATIONAL CORPORATE RESEARCH,LTD.,INC.			
	Registered Agent and Registered Office shown on the records of	he Florid	a Dept. of Sta	te:
	41			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>s)</u>	
	115 NORTH CALHOUN ST. SUITE 4			_
	TALLAHASSEE , FL	32301		Eur -
	,			
	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	SS: 5
	C T Corporation System			AH 8: 55 E. FLORIDA
	NEW Registered Office Address:			
	1200 South Pine Island Road			55
	Plantation , FL	33324		
f the	limited liability company is not organized under the lav	vs of the	State of F	- lorida, it is hereby confirmed that after
igent vas/v	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of tigles of organization or the operating agreement of the	ability co	ompany, it nited liabili	is hereby confirmed that the change(s) ty company or as otherwise provided in
	(1. leve M. la.	Me	lissa Nolan	
Sign	ature of a member of authorized representative of a member			Printed or typed name of signee
provi he od o me iotifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office adaress, I lead in whing of this change. Corporation profess. Angel Sheard Corporation profess.	perjorn d for in hereby c 31	t in this cap nance of my Chapter 60 confirm thai	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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

Ву