## L08000012090

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(Address)						
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S. HAWKES APR 1 6 2010 EXAMINER

## **COVER LETTER**

Registration Section

TO:

Division of Corpo	orations				
SUBJECT:	Aero Ma	nage	ment	Holdir	ngs, LLC
	Name of L				·
Dear Sir or Madam:					
The enclosed Registered	Agent/Registered O	ffice C	hange	and fee	(s) are submitted for filing.
Please return all correspo	ondence concerning	this ma	itter to	the follo	owing:
	D. Wyckoff, Esq. ne of Person			_	
	ement Holdings, L m/Company	LC		_	
	anatee Ave. West			<del></del>	
	nton, FL 34209 ate and Zip Code			<del></del>	
E-mail address: (to be used				<del></del>	
Scott Au	·	_ at (	901_	)	481-1356
Name of Per	son			Area Code	e & Daytime Telephone Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Con Tallahassee, Florid	n rations enter Circle		Reg Div P.O	istration ision of . Box 63	ADDRESS: Section Corporations 27 Florida 32314
Enclosed is a ch	eck for the followin	ig amo	unt:		
\$25 Filing Fee	:		\$5	5 Filing	g Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company submits the following statement in order to change its registered office or registere agent, or both, in the State of Florida.  1. Name of the limited liability company:  2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Suite 300  Bradenton, FL 34205  Suite 300  Bradenton, FL 34205	K 0			
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Suite 300  1001 Third Avenue West  Suite 300  Suite 300	<b>€</b> ) -			
(Note: MUST BE STREET ADDRESS)  Suite 300 Bradenton, FL 34205  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Suite 300 Suite 300 Suite 300	<u>-</u>			
(Note: MUST BE STREET ADDRESS)  Suite 300 Bradenton, FL 34205  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Suite 300  Suite 300  Suite 300	_			
(Note: MAY BE POST OFFICE BOX) Suite 300	_			
	_			
51dd511611, 1 2 07200	_			
02/04/2008 L08000012090				
3. Date of filing/registration in Florida 4. Document number	_			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent: JAN E. SMITH	_			
Registered Office Address: 1001 Third Avenue West	1001 Third Avenue West			
Suite 300 Bradenton, FL 34205	_			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> <u>Michael D. Wyckoff, Esq.</u>				
NEW Registered Office Address: 4909 Manatee Ave. W.				
(MUST BE FLORIDA STREET ADDRESS)	Bradenton ,FL34209			
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 of a member or authorized representative of a member  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, Thereby confirm that the limited liability company has been notified in writing of this change.	0			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

**FILING FEE: \$25.00**