## 108000015449

(Re	equestor's Name)				
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SECHETARY OF STATE TALL AMASSEE FLORIDA

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M. THOMAS

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EXXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Innovative Aviation Solutions, LLC (Name of Limited Liability Company)	8
Dear Sir or Madam:	•
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted to	or filing.
Please return all correspondence concerning this matter to the following:	-
Thomas J Norton	
(Name of Person)	
Innovative Aviation Solutions, LLC	TALLA
(Firm/Company)	129
1839 Bahia Vista St (Address)	09 JAN 29 AH 19: 15 SECTE FILORID TALL/HASSEE FILORID
(Addicas)	DAID TARE
Sarasota, Florida 34239	<b>,</b>
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Thomas Norton at ( 407 ) 951-2901	
(Name of Person) (Area Code & Daytime Telephon	ne 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:	

☐ \$55 Filing Fee & Certified Copy

**☑** \$25 Filing Fee

## 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: Innovative Aviation Solutions, LLC					
		Principal office address of limited liability (Note: MUST BE STREET ADDRESS)				
	(b)	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ny: <u>1839 Bahia Vista St</u> Sarasota, FL, 34239			
Fe	brua	ry 12, 2008	L08000015649	09		
		e of filing/registration in Florida	4. Document number	差不		
5.	(a)	Registered Agent and Registered Office sh	hown on the records of the Florida Dept. of	State S		
	Registered Agent:		Corporation Service Company			
		Registered Office Address:	1201 Hays Street Tallahassee, FL, 32301	ST		
			Tallariassee. FL. 32301			
	(b)	Enter name of <u>NEW Registered Agent</u> an <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	nd/or NEW Registered Office address:  Thomas Norton  1839 Bahia Vista St	Thomas Norton		
		MUST BE FLORIDA STREET ADDRE	SS)			
			Sarasota n,FI	. 34239		
that of he lia	at affice reby bilit	imited liability company is not organized up ter the change or changes are made, the Florof the registered agent will be identical. Or confirmed that the change(s) was/were aut y company or as otherwise provided in the liability company.  The of a member or authorized representative of a member)	rida street address of the registered office a ; in the case of a Florida limited liability co horized by an affirmative vote of the memb articles of organization or the operating agr	nd the business ompany, it is pers of the limited		
		s J Norton or typed name of signee)				
•		by accept the appointment as registered age with the provisions of all statutes relative miliar with and accept the obligations of my or, if this document is being filed to merely in that the limited liability company has been	ent and agree to act in this capacity. I furth to the proper and complete performance of position as registered agent as provided for reflect a change in the registered office add n notified in writing of this change.	per agree to my duties, and I ir in Chapter 608, ress, I hereby		
75	gnatu	re of Registered Agent)	<del></del>			

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