

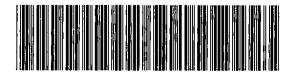
(Req	uestor's Name)	•
(Add	ress)	
•		
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number))
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Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Melbourne Jet Center,	, 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	g this matter to the following:	
Kathi Shotwell, Legal Assistant		
(Name of Person)		
Krasny and Dettmer		
(Firm/Company)		
304 S. Harbor City Boulevard, Suite 201		
(Address)		
Melbourne, FL 32901 (City/State and Zip Code)		
(Chy/state and Zip Code)		
For further information concerning this mat	ter, please call:	
· · · · · · · · · · · · · · · · ·	, promo succ	
Kathi Shotwell	at (321) 723-5646 x106	
(Name of Person)	(Area Code & Daytime Telephone Number)	
	MAN INC. PRINCE	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
	\$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.

m me orate of 1 for tam		
1. Name of the limited liability company: Melbourne	Jet Center, LLC	6
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2060 South Patrick Drive Indian Harbour Beach, FL 32937	C
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2060 South Patrick Drive Indian Harbour Beach, FL 32937	E D
July 3, 2008	L08000065161	
	4. Document number	0
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	SECF
Registered Agent:	Walter J. Gatti	26
Registered Office Address:	2060 South Patrick Drive Indian Harbour Beach, FL 32937	****
	Indian Harbour Beach, FL 32937 والمادين	20 G
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	cr	
NEW Registered Agent:	James W. Jensen	7 to
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1901 Highway A1A	
	Satellite Beach,FL 32937	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	It address of the registered office and the busine ase of a Florida limited liability company, it is by an affirmative vote of the members of the lim	ss ited
James W. Jensen (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision familiar with and accept the obligations of my position F.S. Or if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, an as registered agent as provided for in Chapter change in the registered office address, I hereby in writing of this change.	nd I 608,
(Signature of Registered Agent)		
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00