## 

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |

Special Instructions to Filing Officer:

L. SELLERS

OCT 20 2010

**EXAMINER** 

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SERVE DARY OF STRATE

## **COVER LETTER**

| Division                                      | of Corporations   |               |               |          |                     |             |
|---|---|---------------|---------------|----------|---------------------|-------------|
| SUBJECT:                                      | Melbourne Jet Ce  | nter, L       | .LC           |          |                     |             |
| Name of Limited Liability Company             |   |               |               |          |                     |             |
| Dear Sir or Mada                              | am:   |               |               |          |                     |             |
|   |   |               |               |          |                     |             |
| The enclosed Rep                              | gistered Agent/Registered                               | i Office (    | Change a      | ind fee( | (s) are submitted   | for filing. |
| Please return all                             | correspondence concernir                                | ng this m     | atter to t    | he follo | owing:              |             |
|   |   |               |               |          |                     |             |
| Dolo  | A D-++  |               |               |          |                     |             |
| Daie  | A. Dettmer  Name of Person                              |               | <del></del> . | -        |                     |             |
|   | Name of Person  |               |               |          |                     |             |
| Krasn   | y and Dettmer   |               |               |          |                     |             |
|   | Firm/Company  |               |               | •        |                     |             |
|   |   |               |               |          |                     |             |
| 304 S   | . Harbor City Blvd,                                     | Suite         | 201           |          |                     |             |
|   | Address   |               |               | -        |                     |             |
|   |   |               |               |          |                     |             |
| Melbo   | urne, FL 32901  |               |               | _        |                     |             |
|   | City/State and Zip Code                                 |               |               |          |                     |             |
| wgatt   | i@tensorengr.com  |               |               |          |                     |             |
| _   | (to be used for future annual repor                     | t notificatio | on)           | -        |                     |             |
| For further inform                            | mation concerning this ma                               | atter nles    | se call·      |          |                     |             |
|   | manon concorning time inc                               | ittor, prot   | iso can.      |          |                     |             |
| Debra   | Campos  | at (          | 321           | `        | 723–5646            |             |
|   | me of Person  | ai (          |               | rea Code | & Daytime Telephone | Number      |
| STREET/                                       | COURIER ADDRESS:  |               | MAT           | LING     | ADDRESS:            |             |
|   | Registration Section Registration Section               |               |               |          |                     |             |
|   | Division of Corporations Division of Corporations       |               |               |          |                     |             |
|   | Clifton Building P.O. Box 6327                          |               |               |          |                     |             |
|   | 2661 Executive Center Circle Tallahassee, Florida 32314 |               |               |          |                     |             |
| Tallahasse                                    | e, Florida 32301  |               |               |          |                     |             |
| Enclosed is a check for the following amount: |   |               |               |          |                     |             |
| <del>X X  </del> \$25 Fil                     | ling Fee  |               | \$55          | Filing   | Fee & Certified     | Сору        |

**TO:** Registration Section

## 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:Melbourne Jet Center, LLC   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company:  | 2060 South Patick Dr                               |  |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)   | Indian Harbour Beach, FL 32937                     |  |  |  |  |  |
| (b) Mailing address of limited liability company:  | Same   |  |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)   |  |  |  |  |  |  |
| July 3, 2008   | L08000065161                                       |  |  |  |  |  |
| 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:  | James W. Jensen                                    |  |  |  |  |  |
| Registered Office Address:   | 1901 Hwy AlA<br>Satellite Beach, FL 32937          |  |  |  |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  NEW Registered Agent:  Walter J. Gatti  |  |  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 2060 South Patrick Dr Indian Harbou Beach FL 32937 |  |  |  |  |  |
| 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 programization or the operating agreement of the limited liability company.  Situator of a member or authorized representative of a member  Walter J. Gatti  Planted or typed name of signee  Increby accept the appointment as registered agent and agree to act in this capacity. I fitting date to camply with the provisions of all statutes relative to the proper and complete performance if my fatties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 100 Ft. Or, if this document is being filled to merely reflect a change in the registered office address, liferious chaffing that he limited liability company has been notified in writing of this change.  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  FILING FEE: \$25.00 |  |  |  |  |  |  |

INFS18 (05/08)