## L08000079330

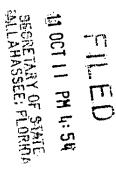
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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10/11/11--01027--024 \*\*25.00



J. BRYAN
OCT 1 2 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT:	A Chrem Av	rution, U	_L ·	
		Name of Limite	d Liabili	ty Company	
Dear S	Sir or Madam:				
The er	aclosed Registered Agent/Re	gistered Office	Change	and fee(s) are submi	itted for filing.
Please	return all correspondence co	oncerning this n	natter to	the following:	
	Δι. α				
	Adam Rida Name of Person			-	
	Mark a. Ilala				المستدر المراكبة
	Newhouse Holds, Firm/Company	ngs, LLC		_	声 6 ~
					空間コニ
					TILTUSE STATE
	4002 West State Stre Address	et, Suite 200		-	mag a m
	Addiess				当ること
					97. 0
	Tampa, FL 331 City/State and Zip Co	009		-	in the second second
	City/State and Zip Co	ode			•
E-1	aprila a newhouseh	uldings. Li 2	on)	-	
East for	than information assessming	this motton who	aaa aallu		
roi iui	ther information concerning	this matter, pie	ase can:		No. 19
٠	Α. Δ			·	
	Adam Prida	at (_	813	)	Water third by a comment
	Name of Person		A	rea Code & Daytime Telep	phone Number
	STREET/COURIER ADDRI	ESS:	MAI	LING ADDRESS:	
	Registration Section			tration Section	
	Division of Corporations			ion of Corporations	
	Clifton Building 2661 Executive Center Circle			Box 6327	
	Tallahassee, Florida 32301		i aliai	nassee, Florida 32314	
	Enclosed is a check for the	following amo	unt:		
	\$25 Filing Fee		\$55	Filing Fee & Certifi	ed 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.

1. Name of the limited liability company:LA	CHREM Aviation, LLC
2. (a) Principal office address of limited liability company:	4002 West State Street
(Note: MUST BE STREET ADDRESS)	Suite 200 Tampa, FL 33609
(b) Mailing address of limited liability company:	4002 West State Street
(Note: MAY BE POST OFFICE BOX)	Siete 200 Tampa, Fl 33609
8/18/09	L08000079330
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	
Registered Office Address:	## <b>3</b> 70
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: 10 P
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  MICHAEL T. E(HEVARYA MA	rida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote rise provided in the articles of organization
Printed or typed name of signee  I hereby accept the appointment as registered agent and agrouped with the provisions of all statutes relative to the propared I am familiar with and accept the obligations of my positive to the propared to	

Signature of Registered Agent