L08000/06009

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SECRETARY OF STATE

J. BRYAN

MAR 2 4 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	、 _{ECT:} Royal Palm Aviation, L	.LC	
	. (Nam	e of Limited Liability Company)	-
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filir	ng.
Please	e return all correspondence concernit	ng this matter to the following:	
	Richard K. Morley		
	(Name of Person)		
	Gebert & Morley, LLC		50 0
	(Firm/Company)		T
	137 N. Oak Park Avenue, Suite	201	O9 MAR 23 PM 3: 44 SECRETARY OF STATE
	(Address)		影中に
	Oak Park, IL 60301		13:4 FE STA
	(City/State and Zip Code)		
For fu	orther information concerning this ma	atter, please call:	
	Richard K. Morley	at (708) _763-9995	
	(Name of Person)	(Area Code & Daytime Telephone Nun	iber)
	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 follow	ing amount:	
	☑ \$25 Filing Fee	☐ \$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.

1. N	lar	ne of the limited liability company: Royal Palm	Aviation, LLC	
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	1515 S. Federal Highway, Suite 308 Boca Raton, FL 33432	₽
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1515 S. Federal Highway, Suite 308 Boca Raton, FL 33432	## ## *
			L08000106009 1. Document number	
5. ((a)	Registered Agent and Registered Office shown on the	he records of the Florida Dept. of Stelle 2	7
		Registered Agent:	Cris Bennardo	
		Registered Office Address:	1860 N.W. Boca Raton Blvd. Boca Raton, FL 33432	
(1	b)	NEW Registered Office Address:	V Registered Office address: SHIMER A SOSIN, P.A. 95 S. Federal Highway, 1st Fl.	ſ
		(MUST BE FLORIDA STREET ADDRESS)	Boca Raton,FL_33432	
that office here liabi limi	aft by ilit ted	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the calconfirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited.	
		V. Allegra		
(Prin	ted	or typed name of signee)		
I he com am j F.S. conf	rei ply an C	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the provisions of all statutes relative to the provision of this document is being filed to merely reflect a continuity that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and as registered agent as provided for in Chapter 60 hange in the registered office address, I hereby in writing of this change.	I)8,
(Sign	natu	re of Registered Agent)		

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