L09000042231

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

Office Use Only



900269712509

02/24/15--01022--003 **25.00

15 FEB 24 PM 3: 44
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

A PROVED

K.

FEB 2 G Z015

COVER LETTER

Division of Corporations						
SUBJECT: GULF COAST AVIATORS I	LLC					
- · · · · · · · · · · · · · · · · · · ·	ne of Limited L	iability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the	following:				
RICHARD C. SCHOENECK II						
Name of Person		_				
GULF COAST AVIATORS LLC						
Firm/Company						
5230 LAYTON DR						
Address						
VENICE, FL 34293						
City/State and Zip Code						
rick@glencoecastle.com						
E-mail address: (to be used for future and	nual report notif	ication)				
For further information concerning this matter	, please call:					
richard c. schoeneck ii	941 at (223-0152				
Name of Person	· \ \·	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.0	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	; amount:					
\$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)	(a) 5230 LAYTON DR., VENICE, FL 34293 (b) 5230 LAYTON DR., VENICE,							
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u>.</u>	_		ailing address of li			
3.	05/01/2009 Date of filing/registration in Florida	 - 4.	L	09000042	2231	nor.		
3.	Date of fining/registration in Florida	4.		ı	Document num	JCI		
5. (a)	Registered Agent and Registered Office shown on the records of KENNETH R. ESTER Registered Office Address (MUST BE FLORIDA STREET)	the Florid		ept. of State:				
	1857 BIRMINGHAM BLVD PUNTA GORDA	33980	<u> </u>			TALL	55	
	FINTA GONDA , FI			 		AH	83:	, i
(b)						TARY	2 t	
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddr	<u>ess</u> :		무		
	RICHARD C. SCHOENECK II					STATE	3: 44	· ·
	NEW Registered Office Address:					DA B	•	
	5230 LAYTON DR.							
	VENICE , FI	34293	3					
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members roles of organization or the operating agreement of the	f the regiability of the line limited	iste con mit lia	red office pany, it is ed liability bility comp	and the busines hereby confirm company or as pany.	s office of ed that the otherwise	the re	gistered ge(s)
	Signature of a member or authorized representative of a member			Printed or typed name of signee				
I here provision the oblivation mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d in writing of this change.	ree to a perforned for in hereby	ct it nan Ch con	this capa	city. I further a	gree to co	mply v	vith the d accept ng filed been