## L09000090508

(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:				

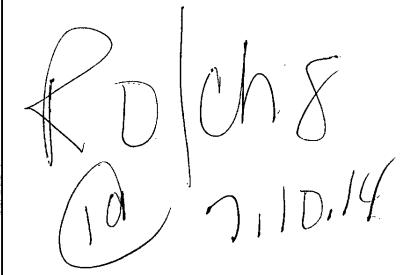
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## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT: Flying	Flying D Solutions, LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to the following:			
Sharon L. Davis				
Name of Person				
Flying D Solutions, LLC				
Firm/Company				
201 Delaware Avenue				
Address				
Sebastian, Florida 32958				
City/State and Zip Code	<del></del>			
sharon.m@flyingdsolutions.com				
E-mail address: (to be used for future an	nnual report notification)			
For further information concerning this matte	r, please call:			
Sharon L. Davis	at () 571-6698			
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the followin	g 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 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.

1. N	Jame of the limited liability company: Flying	D Solutions	s, LLC
2. (a)	201 Delaware Avenue	(b)	201 Delaware Avenue
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sebastian, Florida 32958		Sebastian, Florida 32958
	September 18, 2009		L09000090508
3.	Date of filing/registration in Florida	<sub>4.</sub>	Document number
5. (a	Sharon L. Davis		
5. (a	Registered Agent and Registered Office shown on the records	of the Florida De	Dept. of State:
	4500 140th Ave N, Suite 205		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	<del></del>
	Clearwater	33762	
		rL	
(b	)		
	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	<u>ess</u> :
	NEW Registered Office Address:		
	201 Delaware Avenue		
			<del></del>
	Sebastian	<sub>FL</sub> 32958	1 <b>1</b>
	, i	rL	<u></u>
the cl agent was/v	limited liability company is not organized under the range or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of	of the register liability comp s of the limited he limited liab	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the oil to me	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi trely reflect a change in the registered office address, and in writing of this change.	agree to act in ele performanc ded for in Cha I hereby confi	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep napter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signa	ture of Registered Agent		