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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : STEWART H LAPAYOWKER PA  
Account Number : I20080000091  
Phone : (954)202-9600  
Fax Number : (954)202-9601

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Stewart@detcounsel.aero

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**LLC REGISTERED AGENT CHANGE  
AERO MANAGEMENT SOLUTIONS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AERO MANAGEMENT SOLUTIONS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEWART H. LAPAYOWKER

Name of Person

LAPAYOWKER JET COUNSEL, P.A.

Firm/Company

600 N. PINE ISLAND ROAD, SUITE 350

Address

PLANTATION, FL 33324

City/State and Zip Code

STEWART@JETCOUNSEL.AERO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEWART H. LAPAYOWKER at ( 954 ) 202-9600

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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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. Name of the limited liability company: AERO MANAGEMENT SOLUTIONS, LLC

2. (a)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)600 N. PINE ISLAND RD., SUITE 350PLANTATION, FL 33324

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)600 N. PINE ISLAND RD., SUITE 350PLANTATION, FL 3332412/01/2009L09000114104

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:

STEWART H. LAPAYOWKERRegistered Office Address (MUST BE FLORIDA STREET ADDRESS)5360 NW 20TH TERRACE, SUITE 205FORT LAUDERDALE, FL 33309

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:\*REGISTERED AGENT ADDRESS CHANGE ONLY\*NEW Registered Office Address:600 N. PINE ISLAND ROAD, SUITE 350PLANTATION, FL 33324

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 organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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