

L10000012705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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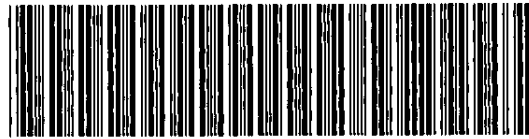
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FF \$25

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GULF ISLAND AVIATION, 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:

Stuart I. Grossman, Esq.

Name of Person

Levine Kellogg Lehman Schneider + Grossman, LLP

Firm/Company

201 S. Biscayne Boulevard, 22nd Floor

Address

Miami, FL 33131

City/State and Zip Code

sig@lklsg.com

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

For further information concerning this matter, please call:

Stuart Grossman

Name of Person

at ( 305 )

403-8788

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

**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: GULF ISLAND AVIATION, LLC

2. (a) Principal office address of limited liability company: 95 North County Road

(Note: MUST BE STREET ADDRESS)

Palm Beach, FL 33480

(b) Mailing address of limited liability company: GULF ISLAND AVIATION, LLC

(Note: MAY BE POST OFFICE BOX)

95 North County Road  
Palm Beach, FL 33480

02/03/2010

L10000012765

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:

Registered Agent:

Stuart I. Grossman

Registered Office Address:

201 S. Biscayne Boulevard  
Miami Center - 34th Floor  
Miami, FL 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Stuart I. Grossman

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

201 S. Biscayne Boulevard  
Miami Center - 22nd Floor  
Miami, FL 33131

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.

CM Leevan  
Signature of a member or authorized representative of a member

Edward Leevan

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 608, 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]  
Signature of Registered Agent

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