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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE AULAHASSEE, FLORIDA

| TO: | Registration Section Division of Corporations | | | |
|---|--|---------------------------------------|---|--|
| SUBJ | TECT: DA | VANTO | AVIATION, LLC | |
| | Name o | of Limited | Liability Company | |
| Dear | Sir or Madam: | | | |
| The e | nclosed Registered Agent/Registere | d Office | Change and fee(s) are submitted for filing. | |
| Please | e return all correspondence concerni | ng this m | atter to the following: | |
| | Troy Pittman | | | |
| | Name of Person | | | |
| | Firm/Company | · · · · · · · · · · · · · · · · · · · | | |
| | 4525 N Lake Drive | | | |
| | Address | | | |
| | Sarasota, FL 34232 | | | |
| | City/State and Zip Code | | | |
| E | Troysarasota@gmail.cc -mail address: (to be used for future annual repo | ort notification | <u>n)</u> | |
| For fi | orther information concerning this m | atter, ple | ase call: | |
| | Troy Pittman | at (| 941)650-5941 | |
| | Name of Person | | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | |
| | Registration Section | | Registration Section | |
| | Division of Corporations | | Division of Corporations | |
| | Clifton Building | | P.O. Box 6327 | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | | 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: | Davanto Aviation | ı, LLC |
|---|---|---|
| 2. (a) Principal office address of limited liability company | y: 4525 | N Lake Drive |
| (Note: MUST BE STREET ADDRESS) | Sarasota, FL 34232 | <u> </u> |
| (b) Mailing address of limited liability company: | Same as Abo | ove |
| (Note: MAY BE POST OFFICE BOX) | | |
| | L10000 | 058777 |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Flori | da Dept. of State: |
| Registered Agent: | Antonello Sbucafrat | ta |
| Registered Office Address: | 4240 Vicenza Drive | |
| • | Unit A Venice, FL 34293 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: | W Registered Office a Troy Pittman | ddress: |
| NEW Registered Office Address: | 4525 N Lake Drive | |
| (MUST BE FLORIDA STREET ADDRESS) | Sarasota | ,FL <u>34232</u> |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Troy Pittman Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portage of the confirmal that the limited liability company address, I hereby confirm that the limited liability company | Florida street address of tical. Or, in the case of tical. Or, in the case of was/were authorized by twise provided in the ary. | the registered office a Florida limited by an Formative vote ticles of organization AHASSEE, FLOO |
| Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companions of Registered Agent | erely reflect a change in y has been notified in w | the registered office riting of this change. |