L/0000075303

(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:

A. LUNT

AUG -8 2011

EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: Name of		Cub Aero LLC imited Liability Company			
Dear !	Sir or Madam:					
Dour,	on or mudain.					
The e	nclosed Registered Agent/Registered	Office	Change and fee(s) are submitted for	_		
Please	e return all correspondence concernin	g this m	atter to the following:	SEERE TA	2011 AUG -5	
	laba M. Farman II			XXX	ເກ	
	John W. Faunce II Name of Person			<u> </u>		
	Name of Telson	•		15.	1	
				部	4	
	Cub Aero LLC			Þ	_	
	Firm/Company					
	1786 E. Withlacoochee 1	r				
	Address					
	Dunnellon, Florida 3443	4				
	City/State and Zip Code					
E	ifaunce@hughes .net	t notificatio	on)			
For fu	rther information concerning this ma	tter, ple	ase call:			
	John W. Faunce	at (352) 427 6674			
	Name of Person		Area Code & Daytime Telephone N	lumber		
	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 follow	ing amo	ount:			
	\$25 Filing Fee		\$55 Filing Fee & Certified C	ору		

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:	Cub Aero LLC				
2. (a) Principal office address of limited liability company	: 1786 E. Withlacoochee Tr.				
(Note: MUST BE STREET ADDRESS)	Dunnellon, Florida 34434				
(b) Mailing address of limited liability company:	1786 E. Withlacoochee Tr.				
(Note: MAY BE POST OFFICE BOX)	Dunnellon, Florida 34434				
July 16th 2010	L10000075303				
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:	United States Corporation Agents, Inc				
Registered Office Address:	13302 Winding Oaks Blvd. Suite A-100 Tampa, Florida 33612				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address					
NEW Registered Agent:	Sherrie Faunce				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Dunnellon				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote				
John W. Faunce II 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 providing and I am familiar with and accept the obligations of my post-chapten 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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