Division of Corporations

## 2/18/2021 ype the fax audit number

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To:

Division of Corporations

Estimated Charge

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:\_\_\_ LLC REGISTERED AGENT CHANGE IAERO THRUST LLC Certificate of Status 0 1  $\sim$ Certified Copy 02 Page Count

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\$55.00

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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. No	nne of the limited liability company:		
2. (a)	5300 N.W. 36TH STREET	(t	b) PO Box 522236
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BUILDING 863	-	MIAMI, FL 33152-2236
	MIAMI, FL 33166	-	
	10/15/2010		L10000107785
3. 5. (a)	Date of filing/registration in Florida MIAMI CORPORATE SYSTEMS, LLC	4.	Document number
, (a)	Registered Agent and Registered Office shown on the records of the 2555 PONCE DE LEON BLVD.	e Florid	la Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL SUITE 600	DDRES.	
	CORAL GABLES , FL	33134	21
(1.)	C T Corporation System		:
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	三 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
•	NTW D. Joseph College Co.		
	NEW Registered Office Address: 1200 South Pine Island Road		
	Plantation FL	33324	
the cha agent v was/w	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he reg bility c the lir	sistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
			vid Doerr, President
Signature of a member or ailthorized representative of a member			Printed or typed name of signee
l here provis the obt to mer	hy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I ha	e to ac perforn for in ereby c	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FH.ING FEE: \$25.00

Michael Seraphin, Asst. Secretary

Michael Seray

Signature of Registered Agent