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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section **Division of Corporations**

MJETS AIRCRAFT MANAGEMENT SERVICES, 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:

ALYSIA WOLFSKEIL, ESQ.

Name of Person

ALYSIA WOLFSKEIL, P.A.

Firm/Company

901 N. OLIVE AVE.

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

AW@SOUTHFLORIDALAW,ORG

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

For further information concerning this matter, please call:

ALYSIA WOLFSKEIL

561

Name of Person

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: MJETS AIRCRAFT M	IANAGEMENT SERVICES, LLC		
	ALVOIA MIOLEGYEIL B.A		
2. (a) Principal office address of limited liability compar	901 N. OLIVE AVE.		
(Note: MUST BE STREET ADDRESS)	WEST PALM BEACH, FL 33401		—
		<u> </u>	
(b) Mailing address of limited liability company:	ALYSIA WOLFSKEIL, P.A.		
(Note: MAY BE POST OFFICE BOX)	901 N. OLIVE AVE.		
	WEST PALM BEACH, FL 33401		
03/04/11	L11000027227		
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:	ALYSIA WOLFSKEIL, ESQ.		
		As =	
Registered Office Address:	ALYSIA WOLFSKEIL, P.A.	<u> </u>	****
,	1210 N. OLIVE AVE.	<u> </u>	1 .
	WEST PALM BEACH, FL 33401		
	•	SE O	
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office add	lress: 🖹 🚆	! i !
(b) Bitter finance of 14E W Registered Figure und/or 14E	711 Registered Office and		
NEW Registered Agent:		(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
<u></u>		5 3	
NEW Registered Office Address:	ALYSIA WOLFSKEIL, P.A.	€ 01	
(MUST BE FLORIDA STREET ADDRESS)	901 N. OLIVE AVE.		
	WEST PALM BEACH	,FL_33401	
If the limited liability company is not organized under the	laws of the State of Florid	la, it is hereby	
confirmed that after the change or changes are made, the land the business office of the registered agent will be ider	Florida street address of the	e registered office	•
and the business office of the registered agent will be identified in the company of the company	itical. Or, in the case of a	Florida limited	C
liability company, it is hereby confirmed that the change(s) was/were authorized by a	an ammanve von	e or
the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	rise provided in the articles	s of organization o	II.
the operating egreement of the minited hability company.			
(/ / / / / /)			
Signature of a member or authorized representative of a member	_		
// .		-	
ALYSIA WOLFSKEIL .			
Printed or typed name of signee			
I haveby accept the appointment as registered agent and	gaves to get in this canaci	ty I further gove	to.
comply with the provisions of all statutes relative to the p	roper and complete perfor	mance of my dutie	S.
and I am familiar with and accept the obligations of my p	ositjon as registered agent	as provided for in	n'
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compai	erely reflect a change in th ny has been notified in wri	ie regisierea office ting of this change	,
cos, zherdy conjunt that the timica hability compar	iy has occir notifica in writ	oj imo change	•
- Charles			
Signature of Registered Agent			

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

INHS18 (05/08)



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2013

ALYSIA WOLFSKEIL, ESQ. ALYSIA WOLFSKEIL, P.A. 901 N. OLIVE AVENUE WEST PALM BEACH, FL 33401

SUBJECT: MJETS AIRCRAFT MANAGEMENT SERVICES, LLC

Ref. Number: L11000027227

2013 AUG 16 PM 12: 35
SECRETARY OF JOSES
TALL AHASSEE, FLORID!

We have received your document for MJETS AIRCRAFT MANAGEMENT SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If, you are changing Registered Agent or/and Registered Office address please complete section 5(b) with the new changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 613A00018322