

L12000021513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

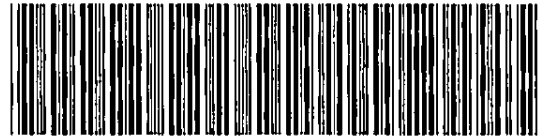
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 20 2017
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2017

SAMUEL LANE
13800 SILKVINE LN
JACKSONVILLE, FL 32224

SUBJECT: AMELIA ISLAND LIGHT SPORT FLYING CLUB, LLC
Ref. Number: L12000021513

2017 SEP 21 PM 2:07
TALLAHASSEE, FLORIDA

We have received your document for AMELIA ISLAND LIGHT SPORT FLYING CLUB, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00018526

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. Name of the limited liability company: AMELIA ISLAND LIGHT SPOT FLYING CLUB, LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

13800 SILKVINE LN 13800 SILKVINE LN
JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224

3. FEB 13, 2012 4. L12000021513
 Date of filing/registration in Florida Document number

5. (a) SAMUEL LANE
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

SAMUEL LANE
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13800 SILKVINE LN
JACKSONVILLE FL 32224

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

NEW Registered Office Address:
13800 SILKVINE LN
JACKSONVILLE FL 32224

17 SEP 20 11 45 AM '12
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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.

[Signature] SAMUEL O. LANE
 Signature of a member or authorized representative of a member 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 605, 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