

6/2/2020

From: GFI FaxMaker

To: 8506176383

Page: 10/12

Date: 6/2/2020 10:02:07 AM

Division of Corporations

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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617 6383

From:

Account Name : INCORP SERVICES INC

Account Number : 1201200000007

Phone : (702) 866-2500

Fax Number : (702) 866 2689

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

Email Address: documents@incorp.com

### LLC REGISTERED AGENT CHANGE

### CRAIG TECHNOLOGIES AEROSPACE SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2020 JUN -2 PM 1:20

2020 JUN -2 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Craig Technologies Aerospace Solutions, 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:

Patricia Reyes

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy., Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Patricia Reyes for InCorp Services, Inc. at ( 702 )

Name of Person

) 866-2500

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: **Craig Technologies Aerospace Solutions, 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)  
175 Imperial Blvd 175 Imperial Blvd  
Cape Canaveral, FL 32920 Cape Canaveral, FL 32920

07/17/2012

L12000092815

3. Date of filing/registration in Florida 4. Document number

5. (a) **Wideman Malek, PL**  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1990 W New Haven Ave., Ste. 201

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Melbourne, FL 32904

(b) **InCorp Services, Inc.**

Enter name of NEW Registered Agent and/or NEW Registered Office address:

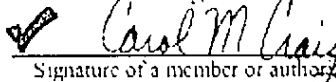
17888 67th Court North

NEW Registered Office Address:

Loxahatchee, FL 33470

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SECRETARY OF STATE  
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 of a member or authorized representative of a member

Carol Craig

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 of Registered Agent Patricia Reyes on behalf of InCorp Services, Inc.