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(Requestor's Name)				
(Address)	_			
(Address)	_			
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(City/State/Zip/Phone #)	_			
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)	_			
Certified Copies Certificates of Status	•			
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Special Instructions to Filing Officer:	٦			
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J. SAULSBERRY EXAMINER SEP 3 2013

COVER LETTER

TO: Registration Section Division of Corporations				
Shell Creek Aeros	space L	LC		
	imited Liabilit			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted	d for filing	
Please return all correspondence concerning the	his matter to th	ne following:		
Glen Moss				
Name of Person		-		
Shell Creek Aerospace L	.LC			
Firm/Company				
5174 Latham TER			ž	.
Address	·····		~ 4	2013
Port Charlotte, FL 33981	-1850			2013 AUG 28
City/State and Zip Code		•		
gmossmobile@gmail.cor		_		AH B: 42
E-mail address: (to be used for future annual report no	tification)		T-72a	\sim
For further information concerning this matter	r, please call:			
Glen Moss	at (941	268-6373		
Name of Person	A	rea Code & Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314		
Enclosed is a check for the following	g amount:			

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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. Na	nme of the limited liability company: Shell Croek Aerospa	ace LLC			
2 (a)	Principal office address of limited liability compa	ansv 5174 i etham TED			
2. (a)	(Note: MUST BE STREET ADDRESS)	Port Charlotte, FL 33981-1850			—
	(NOTE: MOST DE STIEDE TIPOTROSS)				
(b)	Mailing address of limited liability company:	5174 Latham TER			
	(Note: MAY BE POST OFFICE BOX)	Port Charlotte, FL 33981-1850			
07/19/20	012	L12000094338			
	ate of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown of Registered Agent:	on the records of the Florida	Dept. of	f State:	
	registered rigent.		٠	~>	
	Registered Office Address:	142 SINCLAIR ST SE		2017	
	•	PORT CHARLOTTE, FL 33952-9141	•	.7.>	
				海	
			•.*	\simeq	**** ** **.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office add	ress:	∞ 	*
٠	NAME OF THE PARTY				• •
	NEW Registered Agent:	Glen Moss		<u> </u>	
	NEW Registered Office Address:	5174 Latham TER	-5 * '; }#	2	
	(MUST BE FLORIDA STREET ADDRESS)	Port Charlotte, FL 33981-1850			
	(MUSI BET LORIDA STREET ADDRESS)	Port Charlotte	F	L 33981-18	50
confinand the liabilithe m	limited liability company is not organized under the rmed that after the change or changes are made, the ne business office of the registered agent will be identity company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company	Florida street address of the entical. Or, in the case of a last (s) was/were authorized by a wise provided in the articles	e registe Florida l	red offic limited	e ote of or
Signatu	re of a member or authorized representative of a member				
Glen Mo	oss				
Printed	or typed name of signee				
I here compl and I Chap addre	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the am familiar with and accept the obligations of my ter 608, F.S. Or, if this document is being filed to ess, I hereby confirm that the limited liability comp	d agree to act in this capacit proper and complete perfori position as registered agent merely reflect a change in th any has been notified in writ	y. I furt mance o as prov le regist ting of ti	her agre f my dul vided for ered off his chan	ee to ies, in ice ge.

Signature of Registered Agent