L12 CCC 122719

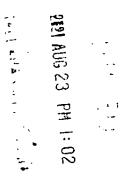
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:		stration Section sion of Corporations									
SUBJI	FCT.	POMPANO BEACH JET CENTER, LLC									
., e bo	LCI	Name of Limited Liability Company									
Dear S	Sir or N	Aadam:									
The er	nclosed	I Registered Agent/Registere	ed Office Change and	fee(s) are submitted for filing.							
Please	returr	all correspondence concern	ing this matter to the	following:							
Damas	so W. S	aavedra									
		Name of Person									
Saaved	ira-Goo	odwin									
		Firm/Company									
888 S.I	E 3rd /	venue, Suite 500									
		Address									
Fort La	auderda	ale, Florida 33316									
		City/State and Zip C	Code								
dpazo(@saavl	aw.com									
I	E-mail	address: (to be used for futu	ire annual report notif	ication)							
For fu	rther is	nformation concerning this r	matter, please call:								
Deann	a Pazo		954 at (767-6333							
		Name of Person		Area Code & Daytime Telephone Number							
	Reg Div P.O	istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Enc	losed is a check for the foll	owing amount:								
	≅ \$	25 Filing Fee	□ s	55 Filing Fee & Certified Copy							

INHS18 (2/14)

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. N	ame of the limited liability company: POMPANO BEA		CENTER, I	LC					
2. (a)			(b)						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of (Note: MAY E		•			
	4860 NE 12TH AVE.		4860 NE 12TH AVE.						
	FORT LAUDERDALE, FL 33334	FORT LAUDERDALE, FL 33334							
	09/25/2012		L1200012	2719					
3.	Date of filing/registration in Florida	4.		Document nu	mber	-			
5 /-	Saavedra, Damaso W, Esq.								
5. (a)	Registered Agent and Registered Office shown on the records of	ate:							
	Registered Office Address (MUST BE FLORIDA STREET.			2021 AUG					
	312 S.E. 17th Street Second Floor		-	AU					
	Fort Lauderdale , F1	33316		_		623			
(b)					-	P			
	Enter name of NEW Registered Agent and/or NEW Registered			1: 02	,				
	Saavedra, Damaso W. Esq.					10			
	NEW Registered Office Address:								
	888 S.E 3rd Avenue, Suite 500			_					
	Fort Lauderdale , FI.	33316							
chang agent was/w the at Sign	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of the street of dreamization or the operating agreement of the attraction of a member of authorized representative of a member why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete of ignations of my position as registered agent as provided by reflect a charge in the registered office address. It is a charge of this change.	register ability of the limited	ered office a company, it mited liabil liability co	nd the business is hereby confit ity company or mpany. Printed or types	office of rmed that as otherw	the regis the chan ise provi	tered ge(s) ded in		