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SECRETARY OF STATE

COVER LETTER ...

TO: Registration Section

Division of Corporations

SUBJECT: STINSON AVIATION HOLDINGS, 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:

JOHN E. STINSON

Name of Person

STINSON AVIATION HOLDINGS, LLC

Firm/Company

11550 AVIATION BLVD, SUITE 4

Address

WEST PALM BEACH, FL 33412

City/State and Zip Code

johnny.stinson@indexaviation.com

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

For further information concerning this matter, please call:

JOHN E. STINSON

...561

625-7979

Name of Person

Area Code & Daytime Telephone Number

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. Na	ame of the limited liability company: STINSON AVIATION	HOLDINGS, LLC	
2. (a)	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	11550 AVIATION BLVD SUITE 4, WES	T PALM BEACH, FL 33412
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11550 AVIATION BLVD SUITE 4, WES	T PALM BEACH, FL 33412
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	ate of filing/registration in Florida	4. Document number	SEE 2 F
5. (a	a) Registered Agent and Registered Office shown or	the records of the Florida D	Dept. of State: \succeq
	Registered Agent:	FILINGS, INC.	TATE ORIDA
	Registered Office Address:	3732 nw 16TH ST. FT LAUDERDALE, FL 33311	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office addr	ess:
	NEW Registered Agent:	JOHN E. STINSON	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11550 AVIATION BLVE SUITE 4	
	(MUST BE PLORIDA STREET ADDRESS)	WEST PALM BEACH	,FL <u>33412</u>
confi- and the liabil the m the of	limited liability company is not organized under the rmed that after the change or changes are made, the he business office of the registered agent will be identity company, it is hereby confirmed that the change nembers of the limited liability company or as otherwhere the company of the limited liability company.	Florida street address of the ntical. Or, in the case of a Fl	registered office orida limited
	E. STINSON d or typed name of signee	_	
	reby accept the appointment as registered agent and ly with the provisions of all statutes relative to the part amiliar with and accept the obligations of my pater 608, F.S. Or, if this document is being filed to make the compart of the limited liability comparts.	agree to act in this capacity roper and complete perform position as registered agent a perely reflect a change in the ny has been notified in writi	. I further agree to ance of my duties, as provided for in registered office ng of this change.
Signat	ure of Registered Agent		

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