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Division of Corporations

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JUL 2 9 2020

S. YOUNG

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 compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: Legacy A	Airway	s, LLC
	2600 Drana Field Dd		3600 Drane Field Rd
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lakeland, FL 33811		Lakeland, FL 33811
	11/27/12	L	12000148980
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MORIS & ASSOCIATES		
•	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:
	3650 NW 82 AVENUE		Dept. of State: 2820 JUL
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	
	STE 401		<u> </u>
	DORAL	_L 33166	3
Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N			
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	<u>33702</u>	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability cor of the limi	ered office and the business office of the registere npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
			r Park
Signature of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in spriting of this change.	gree to act i le performa led for in C I hereby co	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been

Signature of Registered Agent

Bill Havre

- Assistant Secretary