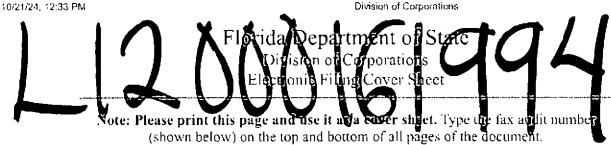
Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996 Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE PHOENIX EAST AVIATION, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

M. SOLOMON

OCT 2 1 2024

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Help

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.

| l. Na | ame of the limited hability company: PHOENIX EAST | AVIATION | I, LLC | | |
|---|--|--|--|--|--|
| 2. (a) | 561 PEARL HARBOR DRIVE | | (b) 561 PEARL HARBOR DRIVE | | |
| _, (, | Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS) | (/ - | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | DAYTONA BEACH, FL 32114 | | DAYTONA BEACH, FL 3 | 32114 | |
| | 12/28/2012 | L1 | 2000161994 | | |
| 3. | Date of filing/registration in Florida | - _{4.} — | Document nur | mber | |
| ɔ̃. (a) | Kristoffer S Johnson | | | | |
| | Registered Agent and Registered Office shown on the records of 561 PEARL HARBOR DR | the Florida Do | ept of State. | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | | |
| | DAYTONA BEACH, , FL | 32114 | | 2024 0 SEC:: Tal | |
| | C T Corporation System | | | # 11 2024 OCT 21 SECREMAN | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office addre | <u>\$\$</u> : | SSE | |
| | NEW Registered Office Address: | | | D:58 | |
| | 1200 South Pine Island Road | | | π ω | |
| | Plantation FL | 33324 | | | |
| the cha agent v was/wa | imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of organization or the operating agreement of the | ws of the St the register ability comp of the limited limited lial | red office and the busing pany, it is hereby confir d liability company or a | ess office of the registered med that the change(s) | |
| Signat | ture of a member or authorized representative of a member | _ | Printed or typed | name of signee | |
| provisi the ohl to mere notified | by accept the appointment as registered agent and agr fons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It if in writing of this change. CT Corporation System | performand d for in Cha hereby conf | ce of my duties, and I ar apier 605, F.S. Or, if th firm that the limited liab | r agree to comply with the miantiliar with and accept us document is being filed bility company has been | |
| 3y; Signatu | re of Registered Agent | N L. EMERICK. | ASSISTANT SECRETARY | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00