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(Address)						
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(City/State/Zip/Phone #)						
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O. SCOTT FEB 1 3 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: February 8, 2017

Order#: 502889/017

Re: Q AVIATION LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



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.

	me of the limited liability comp	•	.C	···-		
2. (a)	111 NE 1ST STREET, 4TH FLOOR Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI, FL	33132	_			
·	01/16/2013	·		L1300000	· · · · · · · · · · · · · · · · · · ·	
3.	Date of filing/registrat	ion in Fiorida	4.		Document number	
5. (a)	C T CORPORATION SYST				-	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 SOUTH PINE ISLAND ROAD					
,	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				•	
	PLANTATION	, FL	33324		• •	
(b)	Corporation Service Company	,			±05 =	
(b) .	Enter name of NEW Registered Age		Office add	lress:		
					FILED RESERVED	
	1201 Hays Street NEW Registered Office Address:				SAC DE	
	Marie Registered Office Address.				当量し	
					RIOP OF	
	Tallahassee	, FL_	32301			
the char agent w was/we	nge or changes are made, the Flight or changes are made, the Flight or the case	orida street address of of a Florida limited lia vote of the members o	the regis ability co of the limi limited li	tered office mpany, it is ited liability ability com	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany.	
Signati	us of a member or authorized represe	ntative of a member	3111 C	almi, Autho	Printed or typed name of signee	
I hereb provision the obli to mere notifical	v accept the appointment as re	gistered agent and agree proper and complete tered agent as provided tered office address, 1 h	performa d for in C hereby co	ince of my c hapter 605 infirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President	

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