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K.SALY EXAMINER

MAR 11



Robert G. Simses Also Admitted in Connecticut Direct Dial: (561) 655-8604 rsimses@simseslaw.com

March 9, 2016

FEDERAL EXPRESS

Florida Department of State Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

Re: Western Global Airlines, LLC

Dear Sir or Madam,

Enclosed is a "Statement of Change of Registered Office or Registered Agent or Both" for the referenced limited liability company.

Also enclosed is our firm's check in the amount of \$25.00 in payment of the filing fee.

Thank you for your assistance.

Kim N. Kyle

Assistant to Robert G. Simses

**Enclosures** 

cc: Mr. James K. Neff

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Western Global Airlines LLC				
SOBILOT	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered Offi	ce Change and f	fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the f	following:		
Robert G.	Simses				
	Name of Person		_		
Simses &	Associates,. P.A.				
	Firm/Company		_		
251 Royal	Palm Way, #400				
	Address				
Palm Bea	ch, FL 33480				
	City/State and Zip Code		_		
Jim@neffa			_		
E-mail	address: (to be used for future ann	ual report notifi	cation)		
For further i	nformation concerning this matter,	please call:			
Robert G.	Simses	561	835-1313		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
☑ \$	25 Filing Fee	□ \$5	5 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 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.	Na	me of the limited liability company: Western Glob	al Airl	line	es LLC					
	(a)	·		(b)						
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	(-)	I	Mailing addre (Note: MA				•
		9260 Estero Park Commons Blvd., #200			9260 Es	tero Park	Comm	ons B	lvd., #	‡200
		Estero, FL 33928	_		Estero,	FL 33928		•		
		03/06/2013		L	_130000	34439				
3.		Date of filing/registration in Florida	4.			Document	number			
5.	(a)									
٠.	(ω)	Registered Agent and Registered Office shown on the records of the Simses & Associates,. P.A.	he Flori	da l	Dept. of Stat	<del>-</del> e:				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	SS)		-				
		251 Royal Palm Way #400 (formerly 400 Ro	yal P	alı	m Way					
		#304) Palm Beach , FL	3348	0		_	<del>,</del>		2016 KAR 10	
								至产		ž.
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Wade Johnson	Office a	ıdd	ress:	-		ALLIAN OF STATE	P	in
		NEW Registered Office Address:		ľ		-			00	
		9260 Estero Park Commons Blvd., #200				_				
		Estero , FL	3392	8		_				
th ag	e cha ent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg	gist cor	tered offic mpany, it i ted liabilit ability cor	e and the bus hereby co	usiness on irmed or as otl	office o that the herwise	f the re	gistered ge(s)
	$\sim$	proof a member or authorized representative of a member				Printed or ty	, ,	•		
	vijied	by accept the appointment as registered agent and agr over of all statutes relative to the proper and complete ignions of my position as registered agent as provided by reflect occurring in the registered office address, I had in writing of this change.	ee to a perfor d for in nereby	nct ma i C co	in this cap ince of my hapter 60. nfirm that	acity. I fur duties, and 5, F.S. Or, the limited	ther agr   I am far   I this do   liability	ee to co niliar v ocumen compa	omply v vith and t is bei ny has	vith the d accept ng filed been
	-						24.4			

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