430000040698

(Requestor's Name)			
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(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Hame)			
(Document Number)			
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September 4, 2013

SCOTT DUNLAP 326 LAKEVIEW DR #201 WESTON, FL 33326

SUBJECT: TOP FLIGHT ENTERPRISES, LLC

Ref. Number: L13000040698

We have received your document for TOP FLIGHT ENTERPRISES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity listed in 5(a) must match whats on the records at the division of corporations.

If you have any further questions concerning your document, please call (850) 245-6051.

Letter Number: 513A00020856

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

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. Name of the limited liability company: Top Flight Enter	prises, LLC		
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: 326 Lakeview Dr. #201 Weston, FL 33326		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	326 Lakeview Dr. #201 Weston, FL 33326		
03/18/2013	L13000040698		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shows	n on the records of the Flo	rida Dept. of State:	
Registered Agent:	United States Corporate Agen	United States Corporate Agents, Inc. 1	
Registered Office Address:	13302 Winding Oak Ct.	13 ALL	
***************************************	Suite A	33 3	
	Tampa, FL 33612	7. · · · ·	
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office	address:	
NEW Registered Agent:	Scott Dunlap		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	326 Lakeview Dr. #201	36 NDA	
THE STATE OF THE S	Weston	,FL 33326	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the Florida street address of identical. Or, in the case of ge(s) was/were authorized terwise provided in the art	of the registered office of a Florida limited	
Printed or typed name of signee I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of a Chapter 608, F.S. Or, if this document is being filed to address thereby confirm that the limited liability con	and agree to act in this ca ne proper and complete pe ny position as registered a o merely reflect a change	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office	

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

Signature of Registered Agent