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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	Marvion Flight LLC							
	Name of Limited Liability Company							
Dear S	iir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the	following:					
Melis	sa Kelly							
	Name of Person							
Marvi	ion Flight LLC							
-	Firm/Company		_					
3122	Sky Blue Cove							
	Address							
Brade	enton, Fl 34211							
	City/State and Zip Code		<del>_</del>					
marvi	ionflight@gmail.com							
F	E-mail address: (to be used for future ann	ual report notif	fication)					
For fur	rther information concerning this matter.	, please call:						
Jame	s Kelly	813	546-3907					
	Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.e	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	amount:						
	\$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy					
INHSI	8 (2/14)							

## 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	ame of the limited liability company: Marvion Flight	LLC				
2	(a)	509 Planters Wood Court	(b) 509 Planters Wood Court				
	(12)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	·/_	I	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	
		Valrico, Fl 33594	-	<u>V</u>	alrico,	FI 33594	
		07/10/2013	_	 L1	300009	98077	
3.		Date of filing/registration in Florida	4.		-	Document number	
5.	(a)	Melissa Kelly					
	, ,	Registered Agent and Registered Office shown on the records of the 509 Planters Wood Court	- e:				
		Registered Office Address (MUST BE FLORIDA STREET AL	-				
		Valrico, FL_3	3594			- - <b></b>	
41.3						第 五 第 五	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			第 28 图 28 图 28		
		3122 Sky Blue Cove				H	
		NEW Registered Office Address:				33	
		Bradenton FL_3	34211			-	
the ago wa	cha nt w s/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization of the operating agreement of the liability.	he regi sility co the lin	ister omp nite	ed office pany, it is d liabilit ility con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
_	ignat	nure of a member or authorized representative of a member			JH	Printed or typed name of signee	
pro the to i not	ovisio obli pere fied	by accept the appointment as registered agent and agree one of all statutes relative to the proper and complete p igations of my position as registered agent as provided elv reflect a change in the registered office address, I he I in writing of this change.  To of Registered Agent	e to ac erform for in ereby c	rt in nanc Cha ronfi	this cap we of my pter 603 rm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	