Florida Department of State S

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

্রিট্টু ail Address:

LLC REGISTERED AGENT CHANGE AEROSPACE ASSET TRADING, LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY \circ

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	Same of the limited liability company: AEROSPACE ASS	SET TRADING, LLO	2
2. ta		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	00/22/2012	_	
3.	08/22/2013 Date of filing/registration in Florida	<u>L1300011</u>	Document number
5. (7	HILL, MARLON A, ESQ. Registered Agent and Registered Office shown on the records of the state of the	ie Florida Dept. of Si	
	_		
	Registered Office Address (MUST BE FLORIDA STREET A)		
	A SUITE 1200		
	MIAMI FL_	33131	2023 OCT
(b	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	
	7901 4th St N		PH 12:
	NEW Registered Office Address		
	STE 300	·	
	St. Petersburg . F1.3	33702	<u></u>
the chagent was/v	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	he registered offi bility company, it the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
	ature of a member or authorized representative of a member	Robin Jones	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi the ol to me natiti	thy accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address. I he of in writing of this change. David Roberts - Assistant Sec	verformance of m for in Chapter 6 erchy confirm the	y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed
~~ U	David Roberts - Assistant Sec	cretary	

Signature of Registered Agent