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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations		
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SUBJECT: HOLLADAY AVIATION LLC		
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Meredith T. Holladay Name of Person		
Holladay Aviation LLC Firm/Company		
855-14 St John's Bluff Rd, Suite 36 Address		
JackSonville TL 32225 City/State and Zip Code		
Meredith@holladayaviation. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Meredith T. Holladay at (904) 625-4318 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\simeg\$ \$55 Filing Fee & Certified Copy		
INHS18 (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 10/14	••
1. Na	ume of the limited liability company: Holladay Aviation LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 855-14 St Johns Bluff Rd N Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 36 Suite 36
	Jacksonville, FL 32225 Jacksonville, FL 32225
	10/16/13 1.13000145597
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Dana HOlladay Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	2479 Chachmon LaVes DV Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Jacksonville FL 32246
(b)	Mered Ho T. Holladay Enter name of NEW Registered Agent and/or NEW Registered Office address:
	855-14 St Johns Bloff Rd
	NEW Registered Office Address:
	<u>Suite 36</u>
	Jacksonville , FL 32225
the cha agent w was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that afternge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	DANA HOLLADAY Aure of a member or authorized representative of a member Printed or typed name of signee
I herei provisi the obl to mero notified	Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed cly reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change. Chapter 60 Registered Agent

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

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