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(Re	questor's Name)			
•	,			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filina Officer:]		
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Office Use Only



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SECRETARY OF STAIR

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C. LEWIS

MAR 2 6 2014

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TRUEAERO, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Jennifer D. Peshke, Esq.					
Name of Person					
Law Offices of Jennifer D. Peshke, P.A.					
Firm/Company					
4733 N. Highway A1A, Suite 303					
Address					
Vero Beach, Florida 32963					
City/State and Zip Code					
jdp@peshkelaw.com					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
Laura Wild	772 231-1233				
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 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amoun	nt:				
☑ \$25 Filing Fee	☐ \$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. N	ame of the limited liability company: TRUEAERO,	LLC			
2. (a)	6020 99th Street		(b) 6020 99th Street		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Sebastian, Florida 32958		Sahaetis	an, Florida 32958	
	Cobastian, Florida 52555	-	Sebastia	an, Florida 32936	_
	01/06/2014		L140000	02113	_
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	BRENT CORRIE				
J. (u)	Registered Agent and Registered Office shown on the records of t	he Flori	ia Dept. of State	- e:	
	6020 99TH STREET				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	227	•	
				For $=$	
	SEBASTIAN	3295	3	EGRACI ARCI	
(b)	JENNIFER D. PESHKE, ESQ.			124 1.58E	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>aaress</u> :	75. 2. 35. 3. 55. 3.	1,-
	4733 N. HIGHWAY A1A, SUITE 303			5 20 5	
	NEW Registered Office Address:			- 5 · 9	
	VERO BEACH ,FL	3296	3	-	
the cha agent v was/we	imited liability company is not organized under the law ange 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 icles of organization or the operating agreement of the	the reg bility of f the lir	istered office company, it is mited liability	e and the business office of the registers s hereby confirmed that the change(s) y company or as otherwise provided in appany.	
Signa	ture of a member or authorized representative of a member			Dean Morgan Printed or typed name of signee	_
I here provisi the obl to mero notified	by accept the appointment as registered agent and agree on a full statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. The of Registered Agent	ee to ac perform I for in nereby (ct in this cap nance of my c Chapter 605 confirm that	acity. I further agree to comply with the	ne ept ed

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