## L140000 12185

(Re	equestor's Name)							
(Address)								
(Ad	ldress)							
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Bu	siness Entity Nam	ne)						
(Document Number)								
Certified Copies	_ Certificates	of Status						
Special Instructions to Filing Officer:								
,								

Office Use Only



800289174688

09/06/16--01032--021 \*\*25.00

POIR SEP -6 P 3 46

**S Warren** SEP 0 7 2016

## COVER LETTER .

	rision of Corporations							
SUBJECT:	PALM AIR HOLDINGS LLC							
SUBJECT	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclose	ed Registered Agent/Registered Offic	e Change a	and fee(	s) are submitted for filing.				
Please retur	n all correspondence concerning this	matter to t	the follo	wing:				
AMY GUI	NSAULLUS							
	Name of Person	<del></del>						
PALM All	R HOLDINGS LLC							
	Firm/Company							
101 PLAZ	ZA REAL SOUTH SUITE 205-S	3						
	Address							
BOCA RA	ATON, FL 33432							
	City/State and Zip Code							
AMYG@	BESTAGENCY.COM							
E-mai	l address: (to be used for future annu	al report ne	otification	on)				
For further	information concerning this matter, p	lease call:						
AMY GUI	NSAULLUS	561	)	314-3942				
	Name of Person		Ār	ea Code & Daytime Telephone Number				
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle lahassee, Florida 32301		Registr Divisio P.O. Bo	ation Section n of Corporations ox 6327 ssee, Florida 32314				
En	closed is a check for the following a	amount:						
<b>2</b> 5	\$25 Filing Fee		<b>\$55</b> Fi	ling 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: PALM AIR HC	DLDIN	GS	LLC				
2. (a)		(1	b) _					
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	· / <del>-</del>	N	failing addres (Note: MA)	ss of limited l Y BE POST (		
	101 PLAZA REAL SOUTH SUITE 205-S		1	I01 PLA	ZA REAL	SOUTH	SUIT	E 205-S
	BOCA RATON, FL 33432	_	E	BOCA R	ATON, F	L 33432		
	01/22/2014		L1	1400001	2185			
3.	Date of filing/registration in Florida	4.			Document	number		
5. (a	, AMY GUNSAULLUS							
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A			ept. of State	;			
	2424 N FEDERAL HWY SUITE 210					27 E	3	Figerical Day 184
	BOCA RATON , FL	33431	1			4.0	eğ.	
(b)	AMY GUNSAULLUS					SSEE SSEE	5	ED I
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ddre</u>	<u>:ss</u> :		OF STATE	1.4 E d	D
	NEW Registered Office Address:				•	<b>P</b>		
	101 PLAZA REAL SOUTH SUITE 205-S							
	BOCA RATON EL	33432	2		•			
the chagent was/v the ar Sign I her provi the oil to me notification.	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law lawer of a member or authorized representative of a member at lawer of a member as registered agent and agreeing of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I have the light of Registered Agent	vs of the regability confitted LIS	e St giste com mite lial SA	red office pany, it is ed liability com LEDER	e and the bus hereby co y company apany.  Printed or ty	red name of	ce of the at the commissione	the registered thange(s) rovided in