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Division of Corporations

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From:

Account Name : REGISTERED ACENTS INC.

Account Number : 1200900000814. Phone : (307)200-2803 : (855)330-1010 Fax Number

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1 LLC REGISTERED AGENT CHANGE

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CREATIVE AVTECH LLC

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1/2/18

FEB 2 1 2018

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.

l. Nai	me of the limited liability company: CREAT	IVE AVTEC	HLLC	
	1240 15TH COURT SW	_(b) 1240	(b) 1240 15TH COURT SW	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	LARGO, FL 33770			
	02/27/2014	L.14000	0033486	
3.	Date of filing/registration in Florida	4.		
5. (a)	Robson, Alan Scott			
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.			
	1240 15TH COURT SW		=1 .	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	2010 SEC	
			AN E	
	LARGO	33770	FEB 21 A II: 02 REB 21 A II: 02 RETTPY OF TATA AHASSEE, FLORIDA	
(b)				
	Northwest Registered Agent, LLC.		A II: 02	
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address.	26 O	
	3030 N. Rocky Point Dr.		٠. ح	
	NEW Registered Office Address:			
	STE 150A			
	Tampa	_{EI} 33607		
the cha agent v was/wo the arti	imited liability company is not organized under the nige or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	is of the registered offe d liability company, it ers of the limited liability of the limited liability of	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
Signa	ture of a member or authorized representative of a member	1	Printed or typed name of signer	
provisi the obl to mer tolifie	ions of all statides relative to the proper and compigations of my position as registered agent as proved reflect a change in the registered office address in writing of the change. The change of the change.	lele performance of m vided for in Chapter 6 s, I hereby confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and acceptls. F.S. Or, if this document is being filed at the limited liability company has been	
Signatu	re of Registered Agent			

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