## L14000057566

| (R                                      | equestor's Name)   |      |  |  |  |  |  |
|---|--------------------|------|--|--|--|--|--|
| (Address)                               |                    |      |  |  |  |  |  |
| (Address)                               |                    |      |  |  |  |  |  |
| (C                                      | ity/State/Zip/Phon | e #) |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL |  |  |  |  |  |
| (Business Entity Name)                  |                    |      |  |  |  |  |  |
| (Document Number)                       |                    |      |  |  |  |  |  |
| Certified Copies Certificates of Status |                    |      |  |  |  |  |  |
| Special Instructions to Filing Officer: |                    |      |  |  |  |  |  |
|   |                    |      |  |  |  |  |  |
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BIVISION OF CHEPORATIONS

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## COVER LETTER ...

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| Registration Section Division of Corporations   |   |  |  |  |  |
|---|---|--|--|--|--|
| Phoenix Aviation Consortium SUBJECT:            | m LLC   |  |  |  |  |
|   | ne of Limited Liability Company                 |  |  |  |  |
| Dear Sir or Madam:                              |   |  |  |  |  |
|   |   |  |  |  |  |
| The enclosed Registered Agent/Registered Off    | ice Change and fee(s) are submitted for filing. |  |  |  |  |
| Please return all correspondence concerning th  | is matter to the following:                     |  |  |  |  |
|   |   |  |  |  |  |
| John Mason MD                                   |   |  |  |  |  |
| Name of Person                                  |   |  |  |  |  |
| Phononical inflam Committee III Committee       |   |  |  |  |  |
| Phoenix Aviation Consortium LLC                 |   |  |  |  |  |
| Firm/Company                                    |   |  |  |  |  |
| 154 Lookout Point Drive                         |   |  |  |  |  |
| Address   |   |  |  |  |  |
| Osprey Florida 34229                            |   |  |  |  |  |
| City/State and Zip Code                         |   |  |  |  |  |
| masonmdmba@comcast.net                          |   |  |  |  |  |
| E-mail address: (to be used for future ann      | ual report notification)                        |  |  |  |  |
| For further information concerning this matter, | please call:                                    |  |  |  |  |
| John Mason                                      | 941 374-7660                                    |  |  |  |  |
| 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                               | □ \$55 Filing Fee & Certified Copy              |  |  |  |  |

## 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. Na  | ame of the limited liability company:  | Phoenix Aviat   | ion Conso                                       | rtium L                               | .LC   |  |  |
|--|--|---|---|---------------------------------------|---|--|--|
| 2. (a)   | Phoenix Aviation Consortium L  | LC  | (b) Phoenix Aviation Consortium LLC             |                                       |   |  |  |
| 2. (4)   | Principal office address of limited lia<br>(Note: MUST BE STREET A.  |   | _ (0)   | N                                     | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)                         |  |  |
|  | 154 Lookout Point Drive  |   | 15  | 54 Look                               | kout Point Driv   | е  |  |
|  | Osprey Fl 34229  |   | 0:  | sprey F                               | 1 34229   |  |  |
|  | April 08,2014  |   | L14   | 100005                                | 7566  |  |  |
| 3.   | Date of filing/registration in   | Florida   | 4.  |                                       | Document number   | er   |  |
| 5. (a)   | Ralph J Gross III  |   |   |                                       |   |  |  |
| 5. (u)   | Registered Agent and Registered Office show  | n on the records of the   | he Florida Dep                                  | t. of State:                          | :   |  |  |
|  | Ralph J Gross III  |   |   |                                       |   | n  |  |
|  | Registered Office Address (MUST BE FI  | ORIDA STREET A  | DDRESS)   |                                       |   |  |  |
|  | 2167 Mincey Terrace  |   |   |                                       |   | <b>= 5 3 3 3 3 3 3 3 3 3 3</b>   |  |
|  | Northport  | FL.   | 34286   |                                       |   | A JUL 21   |  |
| (b)  | Claude John Mason Enter name of NEW Registered Agent and/o   | r NEW Registered (  | Office address                                  | :                                     |   | PH 2: 50   |  |
|  | Claude John Mason  |   |   |                                       |   | Ta Ta  |  |
|  | NEW Registered Office Address:   |   |   |                                       |   |  |  |
|  | 154 Lookout Point Drive  |   |   |                                       |   |  |  |
|  | Osprey   | , FL  | 34229   |                                       |   |  |  |
| the cha agent w was/we the articles Signate I herel provising the oblite to mere | imited liability company is not organized or changes are made, the Florida solid be identical. Or, in the case of a Fire authorized by an affirmative vote of the organization or the operating appropriate of a member or authorized representative of the appointment as registered on the property of all statutes relative to the property of the property | street address of the lial of the members of the lial | the registered bility compatible limited liabil | d office ny, it is liability ity comp | and the business hereby confirmed company or as of pany.  Printed or typed name aim. I further again. | office of the registered d that the change(s) therwise provided in the of signce |  |
| Signatur   | e of Registered Agent  | _   |   |                                       |   |  |  |