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SECRETARY OF STATE
AND ASSECT LORIDA

D RRUCE SEP 1 0 2018

COVER LETTER

Division of Corporation	us	
SURJECT: . 153 }	talia marta sa 11-C	
SUBJECT	Name of Limited Liability Comp	oany
Dear Sir or Madam:		
The enclosed Registered Agent/	Registered Office Change and fee(s) are sub	bmitted for filing.
Please return all correspondence	e concerning this matter to the following:	
James Anthony Name o	Spannola III	
JS3 Helicopters Firm/Co	LLC.	201 IAL
1970 Chatsworth	ess	2018 SEP -4 PM 3: 52 SEUNETARY LA STATE TALLAHASSEEFFLORIDA
Tallahassee, FL City/State a	32309 and Zip Code	PH 3: 52 A STATE A LORIDA
Jagang 87@gmail.	d for future annual report notification)	
h-mail address: (to be used	d for future annual report notification)	
For further information concern	ing this matter, please call:	
James Halling Sp Name of Person	at (850) 445 Area Code	- つつ3 Ч & Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, Florida 32)	Registration Sectors Bivision of Corp P.O. Box 6327 Circle Tallahassee, Flo	porations
Enclosed is a check for	r the following amount:	
☐ \$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 11/1 11/12	.				
l. Na	me of the limited liability company: $\frac{153}{1}$	clica	pfices	LLC.	
2 (0)	1970 Clarks well John	(b)	197	o de ter	moth 11.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)			imited liability company: POST OFFICE BOX)
	Tallahasse, FL 32309	_	<u></u>	ahasse,	FL 32309
	6 / えの / えの1억 Date of filing/registration in Florida	- <u>-</u>	L140	00009899	
3.	Date of filing/registration in Florida	4.		Document num	ber
5. (a)	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A			 te: _	
	٨				120 20
				_	2018 SEP -4 PH 3: 522 SLUAR BANY ST STATE TALLAHASSEE FLORIDA
	Tanga , FL	330	512	_	
					ASA _
(b)	James Anthony Spagnala	ττ			
•	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		
					- Şi 😕 🤝
	1970 Chatavardh blos				
	NEW Registered Office Address:			_	
					
	Tallahassee ,FL	3 ?	1309		
				_	
	imited liability company is not organized under the law				
	nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia				
was/wo	ere authorized by an affirmative vote of the members of	f the limi	ted liabili	ty company or as	otherwise provided in
he arti	cles of organization or the operating agreement of the l				•
Am	ture of a member of authorized representative of a member	Ja	nes 1A	Printed or typed n	ricela M
Signat	ture of a member of authorized representative of a member			Printed or typed n	and of signee
поприво	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change.	re to act verforma l for in C vereby co	in this cap nce of my hapter 60 nfirm that	pacity. I further of duties, and I am 5, F.S. Or, if this the limited liabi	agree to comply with the familiar with and accep s document is being filed lity company has been
Signatu	re of Registered Agent				
11	<i>i/ = 1</i>				