## L14000/05443

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(Address)					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	ECT: AIRPORT	AiRLine	Exple	55, 4	<u> </u>
		Name of Limited Liability	Company	186.18	<del></del> .
Dear S	Sir or Madam:				
The c	nclosed Registered Agent/Register	red Office Change and fee(s)	are submitted for fi	ling.	
Please	return all correspondence concer	ning this matter to the follow	ing:		
_	Thome topo	Ži.		<u>-</u> ,	•
	Name of Persor	1		•	
	71RPOIT AIR Firm/Company	Line Expre	<b></b>		
	1211 Chante Address	11e Rd. C	-104	Property.	~ <u>}</u>
	Haples, Fa	2. 34/12_Code	÷, ·		·.
1	AME MADICS C E-mail address: (to be used for fut	annual report notification	<b>7</b> ))		
For fu	rther information concerning this	matter, please call:			
_	Thomas Popole	i at (239)	784- A	2.25×	<b>√</b>
	Name of Person		Code & Daytime		umber
	STREET/COURIER ADDRE Registration Section Division of Corporations	Registrati	G ADDRESS: ion Section of Corporations		
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box		, h	٠,
	Enclosed is a check for the fol	lowing amount:			
	\$25 Filing Fee	☐ \$55 Filir	ng Fee & Certified (	Сору	

## 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	me of the limited liability company: AIRPOIT	AIRLINE	Express
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 4/2// C// Mailing add	
	NAPles, FL. 34112	NAPE	5, FL. 3411 L
		214000	0 105-443
3.	Date of filing/registration in Florida 4.	Docume	nt number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Street Address  (MUST BE FLORIDA STREET ADDRESS AND ADDRESS ADDRESD ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	da Dept. of State:	
(b)	TAMPA, FL 3	36/2	
	Enter name of NEW Registered Agent and/or NEW Registered Office a		AH D: 55
	NEW Registered Office Address:		, in the second
	MAPLES ,FL 3	4612	
the charagent was/we the artic	imited liability company is not organized under the laws of the region of changes are made, the Florida street address of the region of the identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited	gistered office and the le company, it is hereby of mited liability compan	business office of the registered confirmed that the change(s) by or as otherwise provided in
Signat	ture of a member or authorized representative of a member		typed name of signee
	by accept the appointment as registered agent and agree to a ons of all statutes relative to the proper and complete perfor	ct in this capacity. I fu mance of my duties. an	urther agree to comply with the

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent