L14000-105791

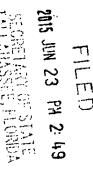
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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June, 17, 2015

TO: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Good day, we respectfully request the registered agent for Airborne Repairs, LLC (L14000105791be changed from; Corporation Service Company to Florida resident Anthony N. Guarcello.

In a meeting of the Board of Directors for Airborne Repairs, LLC on November 4, 2014 a decision was reached to discontinue association with Corporation service Company. (See attached Minutes)

Sincere Regards,

Anthony Guarcello

Anthony N. Guarcello

Airborne Repairs, LLC.

Secretary/Treasurer

Airborne Repairs, LLC.

November, 4, 2014

TO: Board Members Airborne Repairs, LLC

Sara Abdullah Khamas Al Sulaimani President

Dilip Sanklecha Vice President

Anthony N. Guarcello Secretary

Subject: Board Meeting

To confirm the decision from a meeting held on November 4, 2015 via Skype.

A unanimous decision of the Board of directors to discontinue the services of Corporation Services Company as register agent for Airborne Repairs, LLC.

The board further instructed the Secretary to contact the State of Florida and change the registered agent to Anthony N. Guarcello.

Sincere Regards,

Anthony Guarcello

Anthony N. Guarcello

Airborne Repairs, LLC.

Secretary/Treasurer

COVER LETTER

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TO: Registration Section Division of Corporations		
•		
SUBJECT: Airborne Repairs, LLC		
(Name of	f Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
Anthony N. Guarcelio		
(Name of Person)	100 - 100 -	
Airborne Repairs, LLC		
(Firm/Company)		
2400 C W FOW Street		
2400 S.W. 50th Street (Address)		
Fort Lauderdale, FL 33312		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Anthony N. Guarcello	at (786) 412-6711	
(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 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g 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 608.416 or 608.508, 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. Name of the limited liability company: Airborne Re	epairs, LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2400 S.W. 50th Street Fort Lauderdale, Fl 33312	. 0
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2400 S.W. 50th Street Fort Lauderdale, FL 33312	
07/28/2014	L14000105791	FIL FIL
3. Date of filing/registration in Florida	4. Document number	133 E
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State:	PH 2: 49
Registered Office Address:	1202 Hays Street Tallahassee, FL.32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: Anthony N. Guarcello	. 6
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2400 S.W. 50th Street Fort Lauderdale, FL 33312 ,FL	
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the busin case of a Florida limited liability company, it is by an affirmative vote of the members of the li	ess mited
Anthony N. Guarcello (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	— agree to act in this capacity. I further agree to oper and complete performance of my duties, a as registered agent as provided for in Chapte change in the registered office address, I herei d in writing of this change.	and I r 608, by

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