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## COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	LEGACY AIRCRAFT CONV	ERSIONS,	LLC		
SOD#		Name of Limited Liability Company			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.		
Please	e return all correspondence concerning this n	natter to the f	ollowing:		
DON	NALD BRUCE				
	Name of Person		_		
L.A.C	C.				
	Firm/Company		<del>-</del>		
3445	5 AIRCRAFT DRIVE	•			
	Address	-	<del>.</del> .		
LAKI	ELAND, FL 33811				
	City/State and Zip Code		<del></del>		
sueb	o@fms.aero				
	E-mail address: (to be used for future annual	l report notifi	cation)		
For fi	iurther information concerning this matter, ple	ease call:			
DON	NALD BRUCE	727	608-1899		
	Name of Person	\ <u>-</u>	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following ar	nount:			
	<b>≥</b> \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS	318 (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.

(a) _		_ (b) _	
(-) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  3445 AIRCRAFT DRIVE	_ (-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LAKELAND, FL 33811		
	AUG 7, 2014	L1	4000124308
(a)	Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS, INC.	4,	Document number
1	Registered Agent and Registered Office shown on the records of a REGISTERED AGENT SOLUTIONS INC	he Florida De	pt. of State:
	Registered Office Address AMUST BE FLORIDA STREET A	DDRESS)	2015
	TALLAHASSEE , FL	32301	DEC 10
(b) <sup>[</sup>	PETER M. HOCKMAN, ESQUIRE	t is marked over	mo fil
· · ·	Enter name of NEW Registered Agent and/or NEW Registered		
	Brickell City Tower		02 VIE VIDA
	NEW Registered Office Address: 80 Southwest 8th Street Sulte 3100		
	Miami	;33130	
e char sent w as/wer e artic	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited list authorized by an affirmative vote of the members of cles of organization or the operating agreement of the use of a tamber or authorized representative of a member	the register bility comp f the limite limited liab	red office and the business office of the registe pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in