

L14 000 150265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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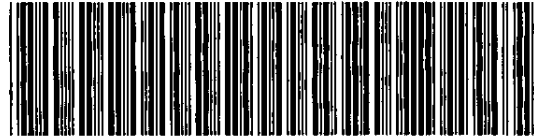
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

SEP 21 2016

**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. Name of the limited liability company: 8A Pilot Services, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: <b>MUST BE STREET ADDRESS</b>)</u> <u>15757 Pines Blvd, Suite 150</u> <u>Pembroke Pines, FL 33027</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: <b>MAY BE POST OFFICE BOX</b>)</u> <u>15757 Pines Blvd, Suite 150</u> <u>Pembroke Pines, FL 33027</u>
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3. <u>September 25, 2014</u> Date of filing/registration in Florida	4. <u>L14000150265</u> Document number
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5. (a) William Ochoa  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1350 NW 143rd Ave  
Pembroke Pines, FL 33028

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:  
15757 Pines Blvd, Suite 150  
Pembroke Pines, FL 33027

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u><i>William Ochoa</i></u> Signature of a member or authorized representative of a member	<u>William Ochoa</u> Printed or typed name of signee
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*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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.*

*William Ochoa*  
Signature of Registered Agent

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

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