14000168983

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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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O SIMMONS JAN 1 4 2021 TO: Registration Section **Division of Corporations** 

VERY VERO AVIATION LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAN COPNELL MEMBER VERY VERO ANIATION LLC Firm/Company 1802 OCEAN DR Address VERO BEACH FL 32963 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAN CORNELL<br/>Name of Personat (301)455 (090)Area Code & Daytime Telephone Number **Mailing Address:** Street Address: **Registration Section Registration Section Division of Corporations** P.O. Box 6327

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Tallahassee, FL 32314

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Striling Fee INHS18 (2/14)

□ \$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 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	ame of the limited liability company: $VERY$ $V=PO$	AVIATION LLC
2. (	(a)	<u>6485 FRANCES</u> MNR (b) Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	PO Box 64353 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		VERO BEACH FL	VERD BEACH FL
		<u>VERO BEALH FL</u> 32967	32964
3.		$\frac{10130(2014)}{\text{Date of filing/registration in Florida}}$	L14000168983 Document number
5.	(a)		
υ.	(a)	HORNE Registered Agent and Registered Office shown on the records of the Florida Dept. of	of State:
		<u>6485</u> FRANCES MNR Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2020 NOV 23
		VERO BEACH H. 229	V 23 PH 2: 36
(	b)	DAN CORNELL	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		1802 DLEAN DR.	
		NEW Registered Office Address:	
		VERO BEACH FL 3296	3
If th	ie li	imited liability company is not organized under the laws of the State c	of Florida, it is hereby confirmed that after the
chai	nge	or changes are made, the Florida street address of the registered offic will be identical. Or, in the case of a Florida limited liability company	e and the business office of the registered
was	/we	ere authorized by an affirmative vote of the members of the limited lia cles of organization or the operating agreement of the limited liability	bility company or as otherwise provided in
_		CC C T	AN CORNELL
		ture of a member or authorized representative of a member	Printed or typed name of signee
the to m	obli ere	by accept the appointment as registered agent and agree to act in this ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapter ely reflect a change in the registered office address. I hereby confirm t fin writing of this change.	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
$\underline{-}$	-		

Signature of Registered Agent

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