

L14 000 176 913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

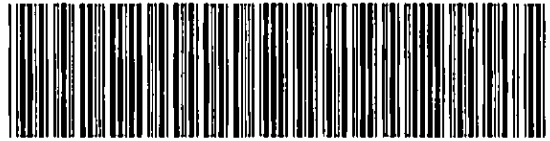
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100355578821

11/24/20--01012--012 **25.00

2020 NOV 24 07:25

RCA - CA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JukkaNorri Aviation Maintenance Consulting
Name of Limited Liability Company

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:

Jukka Norri
Name of Person

JukkaNorri Aviation Maintenance Consulting
Firm/Company

1812 Anna Catherine Dr
Address

Orlando, Florida 32828
City/State and Zip Code

jukkanorri@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jukka Norri at (407) 970-6955
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following 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 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: JukkaNorri Aviation Maintenance Consulting, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
 1812 Anna Catherine Dr
 Orlando, FL 32828

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida 4. Document number

5. (a) 11/18/2014 11/19/2014
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
 United States Corporation Agents, INC
 13302 Winding Oaks Court Suite A Tampa, FL 33612


11/19/14 11:08:25

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
 Jukka Norri
NEW Registered Office Address:
 1812 Anna Catherine Dr
 Orlando, FL 32828

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.

 Jukka Norri
 Signature of a member or authorized representative of a member Printed or typed name of signee

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.


 Signature of Registered Agent