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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	
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LLC REGISTERED AGENT CHANGE BROOKLINE AVIATION DEVELOPMENT, LLC

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COVER LETTER

Registration Section TO: **Division of Corporations**

Brookline Aviation Development, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

15129570210

Please return all correspondence concerning this r	natter to the f	ollowing:	
Mary Castillo			
Name of Person		•••	
Registered Agent Solutions, Inc.			
Firm/Company	<u> </u>	_	
1701 Directors Blvd, Suite 300			
Address	· · · · · · · · · · · · · · · · · · ·		
Austin, TX 78744			
City/State and Zip Code		~~~	
	<u> </u>	-	
E-mail address: (to be used for future annua		cation)	
For further information concerning this matter, pl	ease call:		
Mary Castillo	888	705-7274	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MA	AILING ADDRESS:	
Registration Section		sistration Section	
Division of Corporations	Division of Corporations		
Clifton Building). Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following a	mount:		
□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	
INHS18 (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.

1. Na	ame of the limited liability company:	Brookline Aviation Development, LLC					
2. (a)	13920 58TH STREET N.	SUITE 1014	(b	13820	58TH STRE	ET N.,	SUITE 1014
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) CLEARWATER, FL 33760			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) CLEARWATER, FL 33760			
	11/14/2014		-	L14000)177168		
3.	Date of filing/registration in	ı Florida	4.	-	Document num	iber	
5. (a)	YEOMANS, WILLIAM B	3, J R			_		
2. (u)	Registered Agent and Registered Office sho 13920 58TH STREET	N.,			- e: -		
	Registered Office Address (MUST BE I SUITE 1014	LORIDA STREET AL			<u>.</u>		
	CLEARWATER	. FL	3376	0			
(b)	Registered Agent Solu Enter name of NEW Registered Agent and		ZOZO DEC	77			
	155 Office Plaza Dr.				(A. A.)	두	
	NEW Registered Office Address:				ر المارية المارية	ס	Ш
	Suite A				TOKIE!	بب	
	Tallahassee	, FL_	3230	1	> >	32 .	,
the cha agent v	limited liability company is not organ ange or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote icles of organization or the operating	a street address of t Florida limited liab of the members of	he rega pility co the lim	stered offic impany, it i iited liabilit	e and the busing is hereby confirs ty company or a	ess offic med that	e of the registered t the change(s)
s/ N	Villiam B. Yeomans, Jr.,				eomans, J r.,		
	ture of a member or authorized representativ				Printed or typed		
provis the ob- to mer notifie	by accept the appointment as registe ions of all statutes relative to the pro- ligations of my position as registered of the registered of the registered din writing of this change.	per and complete p Lagent as provided Loffice address, I ho	e to act perform for in G ereby c	t in this cap ance of my Chapter 60, onfirm that	oacity. I further duties, and I an 5, F.S. Or, if th the limited liah	agree to n familia is docum ility con	o comply with the ar with and accept nent is being filed npany has been
/ !	Mackenzie Hart,						