## L14 000 188133

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (0.44)                                  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Ostoliloso Linus) (Ostolilos)          |  |  |  |  |  |  |
| <del></del>                             |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

Office Use Only



500372044895

08/27/21--01024--001 \*\*1500.00



## **COVER LETTER**

| TO:       | Registration Section Division of Corporations |                    |   |  |  |  |
|-----------|---|--------------------|---|--|--|--|
| SUBJE     | ADIOS AVIATION, LLC                           |                    |   |  |  |  |
|           | 1   | Name of Limited L  | iability Company  |  |  |  |
| Dear Si   | r or Madam:                                   |                    |   |  |  |  |
| The end   | closed Registered Agent/Registered (          | Office Change and  | fee(s) are submitted for filing.                          |  |  |  |
| Please r  | return all correspondence concerning          | this matter to the | following:  |  |  |  |
| Damaso    | W. Saavedra                                   |                    |   |  |  |  |
|           | Name of Person                                |                    | _   |  |  |  |
| Saavedra  | a-Goodwin                                     |                    |   |  |  |  |
|           | Firm/Company                                  |                    | <del>_</del>  |  |  |  |
| 888 S.E   | 3rd Avenue, Suite 500                         |                    |   |  |  |  |
|           | Address                                       |                    | <del></del>   |  |  |  |
| Fort Lau  | derdale, Florida 33316                        |                    |   |  |  |  |
|           | City/State and Zip Code                       | )                  | <del>_</del>  |  |  |  |
| dpazo@:   | saavlaw.com                                   |                    |   |  |  |  |
| E-        | mail address; (to be used for future a        | nnual report notif | ication)  |  |  |  |
| For furtl | her information concerning this matt          | er, please call:   |   |  |  |  |
| Deanna 1  | Pazo  | 954<br>at (        | 767-6333  |  |  |  |
|           | Name of Person                                |                    | Area Code & Daytime Telephone Number                      |  |  |  |
|           | Mailing Address:                              |                    | Street Address:   |  |  |  |
|           | Registration Section                          |                    | Registration Section                                      |  |  |  |
|           | Division of Corporations                      |                    | Division of Corporations                                  |  |  |  |
|           | P.O. Box 6327                                 |                    | The Centre of Tallahassee                                 |  |  |  |
|           | Tallahassee, FL 32314                         |                    | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |  |  |  |
| ,         | Enclosed is a check for the following         | ng amount:         |   |  |  |  |
| i         | ■ \$25 Filing Fee                             | □ \$5              | 55 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. N                              | ame of the limited liability company: ADIOS AVIATION   |  |   |  |
|-----------------------------------|--|--|---|--|
| 2. (a)                            | Principal office address of limited liability company:   |  | (p)   | ailing address of limited liability company:   |
|                                   | (Note: MUST BE STREET ADDRESS)   |  |   | (Note: MAY BE POST OFFICE BOX)   |
|                                   | 7901 S.W. 6TH COURT SUITE 140  |  | 267 SUMM  | IT LEDGERS LANE  |
|                                   | PLANTATION, FL 33324   | _  | BANNER E  | ELK, NC 28604  |
|                                   | 12/09/2014   |  | L1400018813   | 33   |
| 3.                                | Date of filing/registration in Florida   | 4.   |   | Document number  |
| 5. (a                             | SAAVEDRA, DAMASO W, ESQ  |  |   |  |
|                                   | Registered Agent and Registered Office shown on the records of   | da Dept. of State:                             | 202<br>SE<br>T  |  |
|                                   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |  |   |  |
|                                   | 312 SE 17TH STREETSECOND FLOOR   |  |   | FIL<br>2021 AUG 27<br>SECRETARA<br>TALLAHA   |
|                                   | FORT LAUDERDALE , FI   | 33316<br>L                                     |   |  |
|                                   |  |  |   | PH 2:  |
| (b)                               | Enter name of NEW Registered Agent and/or NEW Registered Office address:   |  |   | 一点 SS  |
|                                   | SAAVEDRA, DAMASO W, ESQ  |  |   |  |
|                                   | NEW Registered Office Address:   |  |   |  |
|                                   | 888 S.E 3rd Avenue, Suite 500  |  |   |  |
|                                   | Fort Landerdale F  | 33316  |   |  |
| chang<br>agent<br>was/w<br>the ar | limited liability company is not organized under the late or changes are made, the Florida street address of the will be lidentical. (Or, in the case of a Florida limited livere authorized by ampfirmative vote of the members ticles of organization or the operating agreement of the ature of amenber or authorized representative of a member or accept the appointment as registered agent and against of all stautes relative to the proper and complete digations of mapposition as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change. | e registe<br>lability<br>of the l<br>c limited | ered office and company, it is mited liability I liability comp | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.    Society C     Printed or typed name of signee |