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COVER LETTER

Division of Corporations		·
SUBJECT: FLYAN FUND - CIRRUS HOL	DINGS, LLC	
	Name of Limited L	ciability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	following:
Damaso W. Saavedra		
Name of Person		
Saavedra-Goodwin		
Firm/Company		<u> </u>
888 S.E 3rd Avenue, Suite 500		
Address		
Fort Lauderdale, Florida 33316		
City/State and Zip Coc	le	
dpazo@saavlaw.com		
E-mail address: (to be used for future	annual report notif	ication)
For further information concerning this mat	tter, please call:	
Deanna Pazo	954 at (767-6333
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 follow	ing amount:	
■ \$25 Filing Fee	□ \$.	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.

		(b)	
Principal office address of I (Note: MUST BE ST	imited liability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7901 S.W. 6TH COURT SUIT	E 140	267	7 SUMMIT LEDGERS LANE
PLANTATION, FL 33324		ВА	NNER ELK, NC 28604
12/09/2014		L140	000188139
Date of filing/registr	ation in Florida	4.	Document number
SAAVEDRA, DAMASO W, E	SQ		
Registered Agent and Registered O	ffice shown on the record	s of the Florida Dept	t, of State:
Registered Office Address (MU)		EET ADDRESS)	
312 SE 17TH STREETSECON	O FLOOR		E III
FORT LAUDERDALE		, FL_33316	TEN TO
Enter name of NEW Registered As SAAVEDRA, DAMASO W, E		ered Office address	PH 3: 07
NEW Registered Office Address:		<u> </u>	
888 S.E 3rd Avenue, Suite 500			
Fort Lauderdale		, FL	
ge or changes are made, the Flor will be identical. Or, in the cas were authorized by an aftirmative ticles of organization or the ope ature of a meinber or authorized repre-	rida street address of se of a Florida limited we vote of the member erating agreement of sentative of a member	the registered off d liability comparers of the limited liability the limited liability was a contract to act in the	e of Florida, it is hereby confirmed that afte fice and the business office of the registered ny, it is hereby confirmed that the change(s liability company or as otherwise provided ity company. Printed or typed name of signee his capacity. I further agree to comply with of my duties, and I am familiar with and acter 605, F.S. Or, if this document is being function that the limited liability company has been

K20 000 390 185

(Po	questor's Name)	
(IXE	questors mame)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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



COVER LETTER

TO: Registration Section Division of Corporations		
PETE MITCHELL AVIATION, L SUBJECT:	LC	
	ame of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to th	e following:
Damaso W. Saavedra		
Name of Person	-	
Saavedra-Goodwin		
Firm/Company		
888 S.E 3rd Avenue, Suite 500		
Address		
Fort Lauderdale, Florida 33316		
City/State and Zip Code	<u>. </u>	
dpazo@saavlaw.com		
E-mail address: (to be used for future an	nual report noti	fication)
For further information concerning this matter	, please call:	
Deanna Pazo	954	767-6333
Name of Person	at (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
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: PETE MITCHELI	LAVIA	TION, LLC	
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,\	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 S.W. 6TH COURT SUITE 140		7901 SW 6	TH COURTSUITE 140
	PLANTATION, FL 33324	_	PLANTAT	ION, FL 33324
	12/14/2020		L200003901	85
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a	SAAVEDRA, DAMASO W. ESQ			
J. (a.	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	2021 SEC TA
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	(2.2)	2021 AUG SECRETA
	312 SE 17TH STREETSECOND FLOOR			TARY OF S.
	FORT LAUDERDALE , FL	33316		## = 17
(b)	Enter name of NEW Registered Agent and/or NEW Registered SAAVEDRA, DAMASO W, ESQ	Office :	iddress:	27 PH 3: 05 PESSEE FIFE
	NEW Registered Office Address:			
	888 S.E 3rd Avenue, Suite 500			
	Fort Landerdale . FL	33316		
chang agent was/w the art	limited hability company is not organized under the law c or changes are made, the Florida street address of the will be identical. Or in the case of a Florida limited lia ere authorized by apartifirmative vote of the members of icles of organization of the operating agreement of the attree of a member of authorized representative of a member of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of my obstition as registered agent as provided ligations of my obstition as registered office address. I have the proper of the proper of the proper and complete of the proper of t	registe bility of f the li limited	red office and company, it is mited liability liability company.	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. D. Corrector