L15000021891

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2023 FEB -3 MH 10: 3



A. BUTTER FEB = 6 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 426639 7175508					
AUTHORIZATION : Spelle man					
COST LIMIT : \$ 25.00					
ORDER DATE : February 1, 2023					
ORDER TIME : 8:26 AM					
ORDER NO. : 426639-055					
CUSTOMER NO: 7175508					
CHANGE OF AGENT					
NAME. ETCHMED TEM DADWNEDC II IIC					
NAME: FIGHTER JET PARTNERS II LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland EXT#					

EXAMINER: _____

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	FIGHTER JET PARTNERS II L	FIGHTER JET PARTNERS II LLC				
00001	N	ame of Limited Lial	pility Company			
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered C	Office Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the fo	llowing:			
ROBE	RT A. ROMANOFF					
•	Name of Person		-			
LEVEN	IFELD PEARLSTEIN, LLC					
	Firm/Company		-			
2 N. LA	ASALLE ST., STE. 1300					
	Address		-			
CHICA	GO, ILLINOIS 60602					
	City/State and Zip Code		-			
lpagent	ts@lplegal.com					
E	-mail address: (to be used for future a	nnual report notifica	ntion)			
For furt	her information concerning this matte	er, please call:				
Robert	A. Romanoff	312 at (346-8380			
	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	ng 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 comp submits the following statement in order to change its registered office or registered agent, or both, in the State of Flori

1.	Na	me of the limited liability company: FIGHTER JE	T PARTNE	RS II LLC				
2.	(a)	305 E. LAS OLAS BOULEVARD	(1	b)				
.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE 960			Mailing address of (Note: MAY BE		•	
		FORT LAUDERDALE, FL 33301						
		02/04/2015		L1500002	1891			
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	Book, Robert H						
٥.	(4)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Stat	- te:			
		350 E. LAS OLAS BOULEVARD						
		Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES:	<u>S)</u>	_			
		SUITE 930					F-3	
		FORT LAUDERDALE	FL_33301		_		2023 FEB	***
	(b)					14 71	B -3	•
,	• ,	Enter name of NEW Registered Agent and/or NEW Registe	red Office ad	ldress:	-	;	æ:	. •
		Corporation Service Company					/H IO: 3	ر منطقه ا تمصد ۱
		NEW Registered Office Address:			_	101	2	
		1201 Hays Street			_			
		Tallahassee	FL_32301		_			
cha age was	nge nt w :/we	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membereles of organization or the operating agreement of the second control of the contro	laws of the the registere Hiability co	ed office and ompany, it is nited liability	d the business of s hereby confirm y company or as	ffice of t red that	the regi	stered nge(s)
/S	/RO	BERT H. BOOK	Rob	oert H. Book	k, authorized rep	resenta	tive of r	nembe
Si	gnati	ure of a member or authorized representative of a member			Printed or typed n	ame of sig	ince	
pro the to n	visia obli tere ifiea	y accept the appointment as registered agent and coms of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in the registered office address, in writing of this change.	ngree to act le perform ded for in C I hereby co	in this cape ance of my o Chapter 605 onfirm that i	acity. I further a duties, and I am b. F.S. Or, if this the limited liabil	igree to familiar docume ity comp	comply with a ent is be eany he	with the wind accertification with the wing file is been
يك	<u>Ll</u>	Kuis Walted, assistant va president						
الجان		e or negration right						

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