L15000034383

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Oity/State/21p/P Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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S. WARREN AUG 0 3 2017

•	COVER LETTER					
TO: Registration Section Division of Corporations	.					
A5 Flight Club LLC						
	f 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 m	natter to the following:					
lukasz Dudek	; 1					
Name of Person						
Firm/Company						
1137 Seneca Trail						
Address						
St Cloud FI 34772						
City/State and Zip Code						
Lukas @ Dudeks . NET E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ase call:					
Lukasz Dudek	407 341-4269					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following am	ount:					
■ \$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. Na	ame of the limited liability company: A5 flight club	Ilc		<u></u>	
			b)		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	N	•	f limited liability company: E POST OFFICE BOX)
	1636 Marina Lake Drive		1636 Marina Lake Drive		
	Kissimmee Fl 34744	<u> </u>	Kissimm	ee Fl 34744	ļ.
	2-24-2015	'	' 15000034	1383	
3.	Date of filing/registration in Florida	4.		Document nu	mber
5. (a)					
). (a)	Registered Agent and Registered Office shown on the records of	the Florid:	a Dept. of State	::	
	Richard Martin				. •
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	 <u>S</u>)	•	<u> </u>
	1636 Marina lake Drive	<u></u>			AUG
	Kissimmee	34744			
	, , , , , , , , , , , , , , , , , , , ,			,	
(b)			<u> </u>	_	- (C)
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:		5
	Lukasz Dudek		<u>.</u>		
	NEW Registered Office Address:				
	1137 Seneca Trail		-	-	
	St Cloud	34772	I		
				, 	
f the l	imited liability company is not organized under the la ange or changes are made, the Florida street address o	.ws of the if the regi	: State of Flo stered office	orida, it is here and the busir	by confirmed that after sess office of the registered
igent v	will be identical. Or, in the case of a Florida limited li	iability co	ompany, it is	s hereby confir	rmed that the change(s)
vas/wo he arti	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the fir e limited	nted hability	y company or ipany.	as otherwise provided in
1	hah I Mes		_		nes LL
Signa	ture of a member or authorized representative of a member	<u>/</u>	- Ichom	Printed or typed	l name of signee
provisi he obi o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this elvage.	ree to ac. perform ed for in (hereby c	t in this cape ance of my of Chapter 605 onfirm that	acity. I furthe duties, and I a , F.S. Or, if th the limited lia	r agree to comply with the im familiar with and accept his document is being filed bility company has been
Stenero	ire of Registored Agent				