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MAY 1 5 2017

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 affice or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:

2. (a)		17110 Republic HIRPORT
, .	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Suite 300	Suite 300
	Farminadale NV 11725	Forminodale HY 1/235
	- ranningian, - 11155	Tax Minopart 111113
	Ma on one	-1-2222
_	- May 21, 20/5 - 1/3	5000092626
3,	Date of filing/registration in Florida 4.	Document number
5. (a)	Jerzy Rynkiewic>	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	itute:
	High Point of Delay West.	2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ages =
	14748 Panalview Drive. 1/1	+0 3 =
	17/48 (and) 1/20 20 100, 11	
	De Iray Beach FL 33484	
	1 0 11	
(b)	Incorporating Services, Ltd	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	1540 Glennay Drive	02
		<u> </u>
	NEW Registered Office Address:	
	11 1	,
	Tallahassee II 3230,	<u>/_</u>
7.6 m2 m 10		
the cha	mited liability company is not organized under the laws of the State of I nge or changes are made, the Florida street address of the registered off	ice and the business office of the registered
agent v	vill be identical. Or, in the case of a Florida limited liability company, it	t is hereby confirmed that the change(s)
was/wa the arti	ore authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability of	ompany or as otherwise provided in
		lan Kata
Signat	ure of a member or authorized representative of a member	Printed or typed name of signee
*	• /	apacity. I further agree to comply with the
provisi	ons of all statutes relative to the proper and complete performance of m	ý duties, and I am familiar with and accept DS FS Or if this document is being filed
o mere	ny accept the appointment as registered agent and agree to act in this ca ons of all statutes relative to the proper and complete performance of m gations of my position as registered agent as provided for in Chapter of Ty reflect a change in the registered office address, I hereby confirm that	at the limited liability company has been
	Maring of the Control	•
Signatu	TUISSA H, STOPS 1785.	

Division of Corporations P.O. Box 6327 Tallabassec, FL 32314 FILING FEE; \$25.00

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