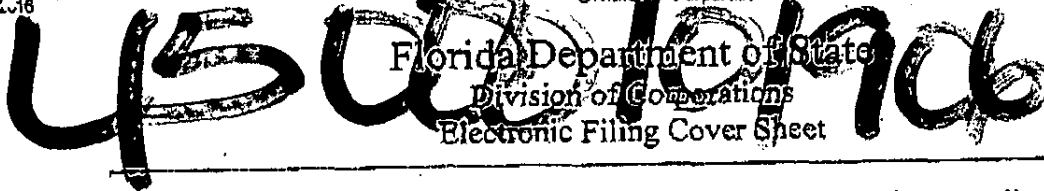


From: Stewart Lapayowker Fax: (854) 507-4178
7/21/2016

To: 18506176380@refax.cc Fax: +18506176380
Division of Corporations

Page 1 of 3 07/22/2016 11:58 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000175451 3)))



H160001754513ABC/

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : STEWART H LAPAYOWKER PA
Account Number : I20080000091
Phone : (954)202-9600
Fax Number : (954)202-9601

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Stewart@Jet Counsel.aero

16 JUL 25 AM 8:56

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 22 PM 1:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
WISH INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUL 25 2016

S. YOUNG

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H160001754513

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WISH INVESTMENTS, LLC
Name of 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 matter to the following:

STEWART H. LAPAYOWKER

Name of Person

LAPAYOWKER JET COUNSEL, P.A.

Firm/Company

600 N. PINE ISLAND ROAD, SUITE 350

Address

PLANTATION, FL 33324

City/State and Zip Code

STEWART@JETCOUNSEL.AERO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEWART H. LAPAYOWKER at (954) 202-9600
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: WISH INVESTMENTS, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

75 N. WOODWARD AVE., #84659TALLAHASSEE, FL 32313

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

75 N. WOODWARD AVE., #84659TALLAHASSEE, FL 3231306/11/20153. Date of filing/registration in FloridaL150001019064. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

STEWART H. LAPAYOWKERRegistered Office Address (MUST BE FLORIDA STREET ADDRESS)5360 NW 20TH TERRACE, SUITE 205FORT LAUDERDALE, FL 33309

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

*REGISTERED AGENT ADDRESS CHANGE ONLY*NEW Registered Office Address:600 N. PINE ISLAND ROAD, SUITE 350PLANTATION, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA
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