## L15000 110 989

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



100331909911

07/22/19--01018--027 \*\*25.00



JUL 2 9 2019

C Kinsey

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: American Jet Support, LLC	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Jeff Losner	
Name of Person	
Firm/Company	
17999 SW 288th St	
Address	<del></del>
Homestead, FL 33030	
City/State and Zip Code	<del></del>
jefflosner@gmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	II:
Jeff Losner at (	5 773 6455
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:	
□ S25 Filing Fec	□ \$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, Fiorida 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.

Na	me of the limited liability company: American Je		1, 14532 SW 129th St					
(a)	Principal office address of limited liability company:	(	Ъ)	Mailin	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	(Note: MUST BE STREET ADDRESS)			******				
Miami. FL 33186 <b>G-29-7015</b>				Miami, FL 33186				
			L	L15000110989				
	Date of filing/registration in Florida	4.		Doc	ument number			
(a)								
(11)	Registered Agent and Registered Office shown on the records o	of the Flori	da i	Dept. of State:				
	Martin, Angelo M							
	Registered Office Address	ADDRE.	SS)	<del></del>				
	14532 SW 129th St							
	Miami					S:	201	
	. F	L_3318				AC.	2019 JUL 22	
(b)						25	Ո 2	ر مستحدی مستحدی
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office :	ıdd	ress:		SV		
	Losner, Jeff					LAHASSEE F	AM 11: 09	-
	NEW Registered Office Address:						9	
	14532 SW 129th St							
	Miami	<sub>L</sub> 3318	6					
e chi ent is/w e art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member with accept the appointment as registered agent and a completions of all standes relative to the proper and completing the proper and completin	of the reliability s of the limited Li	gis co im d l: eff	npany, it is here ited liability co lability compan  Losner	of the business of reby confirmed simpany or as other investigation of the confirmed or typed name or or typed	of signe	the rechange change provide	egistere ge(s) ded in