

LIS000 136 454

(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



500279519335

12/01/15--01007--016 **25.00

2015 DEC -1 A 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DEC 02 2015

3 MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIL Wireless

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:

Charlie Cline

Name of Person

AIL Wireless

Firm/Company

~~1000 1st St SW~~ 3575 White Cow Ct

Address

~~Jacksonville FL 32226~~

City/State and Zip Code

Jacksonville FL 32226

Cline.charlie@gmail.com

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

For further information concerning this matter, please call:

Charlie Cline

Name of Person

at (904) 654-7628

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

**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: AIL Wireless

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1479 Atlantic Blvd
Neptune Beach, FL 32266

3575 White Cow Ct
Jacksonville, FL 32226

3. 11/23/15 4. L15000136454
Date of filing/registration in Florida Document number

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

3575 White Cow Ct
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32226

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

NEW Registered Office Address:
1479 Atlantic Blvd
Neptune Beach, FL 32266

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.

David Cline
Signature of a member or authorized representative of a member

Charlie Cline
Printed or typed name of signee

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

FILED
2015 DEC -1 A 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA