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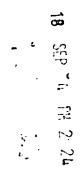
(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(I	Business Entity Name)	
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SEP - 8 ?**

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Fly High PAYKS 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:
JAMES FIONE Name of Person
5KY ZONE Firm/Company
13000 66 m ST N Address
LANGO FL 33773 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Flore at (610) 392-4509 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

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. N	ame of the limited liability company: Fly High PACKS LLC
2. (a)	JAMES FIORE (b) James FIORE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	13000 66th St. N 13000 66th St. N
	LARGO, FL 33173 LARGO, FL 331173
	09/04/15 L15000153305
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered AGENTS INC
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	3030 N. ROCKY POINT DY-
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	TAMPA : FL 33607 = :
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	, and the second se
	13000 66MS+ N NEW Registered Office Address:
	 :
	LARGO, FL 33713
	FL
the cha agent v	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after unge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
	the Fine Fine
Signa	ture of a member or authorized representative of a member Therefore Therefore Printed or typed name of signee
There	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provisi the obl to mere	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been
notified	d'in writing of this changes The Many of the changes

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

Signature of Registered Agent