

L15000 159 150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

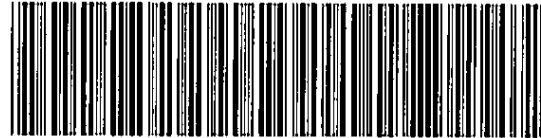
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400333501964

09/09/19--01037--012 \*\*25.00

SEP 18 2019  
S. YOUNG

FILED  
19 SEP -9 AM 7:07  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STRAIGHT TAIL AVIATION  
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:

MICHAEL D. CREWS  
Name of Person

STRAIGHT TAIL AVIATION  
Firm/Company

6462 BRENTWOOD DR.  
Address

ZEPHYRHILLS FL 33542  
City/State and Zip Code

MICREWS@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CREWS at (813) 784-4341  
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

**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: STRAIGHT TAIL AVIATION
2. (a) 6462 BRENTWOOD DR. (b) 6462 BRENTWOOD DR.  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- ZEPHYRHILLS FL. ZEPHYRHILLS FL.  
33542 33542

3. 09/18/2015 4. L15000159150  
Date of filing/registration in Florida Document number

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

6462 BRENTWOOD DR.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
ZEPHYRHILLS FL 33542  
\_\_\_\_\_, FL \_\_\_\_\_

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

6462 BRENTWOOD DR.  
**NEW Registered Office Address:**  
ZEPHYRHILLS FL. 33542  
\_\_\_\_\_, FL \_\_\_\_\_

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.

M. Crews  
Signature of a member or authorized representative of a member

MICHAEL D. CREWS  
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.*

M. Crews  
Signature of Registered Agent

FILED  
19 SEP -9 AM 7:07  
TALLAHASSEE, FLORIDA