

Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE AVIATOR PPG LLC

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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.

a)	Principal office address of limited liability		(b)			
	Principal office address of limited liability ( (Note: MUST BE STREET ADDRE		(b)			
	451 S. Airport Rd.		451 S.	Airport Rd.	kort Rd.	
	Lake Wales, Florida 33859		Lake Wales, Florida 33859			
	9/22/2015		L15000161498			
	Date of filing/registration in Flori	ida 4.		Document number		
กโ						
. (a)	Registered Agent and Registered Office shown on t	State:				
	Reed Mawhinney & Link, PLLC			. •		
	Registered Office Address (MUST BE FLORID	DA STREET ADDRI	2552		N	
	1611 Harden Blvd.			_ <b>د</b>		
	Lakeland	33803	33803 CV 30			
	Lakeland , FL_33803		·	<u> </u>		
					A	
)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			AM 11: 46		
	Fisher, Tousey, Leas & Ball, P.A.			· ·	. <b>6</b> 1017	
	NEW Registered Office Address:				. c	
	501 Riverside Avenue, Suite 600					
	Jucksonville	. FL <sup>32202</sup>	!			
. 16	mited liability company is not organized u				ad that after the	
ge Uwe we	or changes are made, the Florida street add vill be identical. Or, in the case of a Florid re authorized by an affirmative vote of the cles of organization or the operating agrees	dress of the regist a limited liability members of the l ment of the limite	ered office company, i imited liab	and the business office of the t is hereby confirmed that the lity company or as otherwise	e registered e change(s)	
ignature of a member or authorized representative of a member			farvin C. Kl	o <b>eppel</b>		

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 reliect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of the change.

Signature of Registered Agent

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