L15000168189

(R	equestor's Name)					
(Address)						
(Address)						
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
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Account#: I20000000088

Date: 09/1	7/2020				
Name: N	lerritt Walker	_			
Reference #:	1234721	<u> </u>			
Entity Name: HANGAR15 FLORIDA, LLC					
Articles of Ir	ncorporation/Authorization	to Transact Business			
Amendment	ŧ				
Change of A	Agent				
Reinstateme	ent				
Conversion					
Merger					
☐ Dissolution/Withdrawal					
Fictitious Na	ame				
Other					
Authorized Amoun	t: \$25				
Signatura:	mw				

F: 800.944.6607

F: +852.2682.9790

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.	Na	time of the limited liability company: HANGAR1	5 FLORI	DA, LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		No Change		No Chai	nge
		October 2, 2015			L15000168189
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Corporation Service Company			_
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:
		1201 Hays Street			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2070 SE : 17
		Tallahassee F	_{I.} _32301	-2525	; 7
	(b)			<u>*</u>	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ado	<u>Iress</u> :	2
		115 North Calhoun St., Suite 4			
		NEW Registered Office Address:			
		Tallahassee	_{l.} 32301		_
the ag wa	e cha ent v is/wi	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co of the lim	tered office mpany, it is ited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		ordon O. Jesperson	Gord	on O. Jes	sperson
	-	ture of a member or authorized representative of a member	<u>-</u>		Printed or typed name of signee
pre the to	ovisi • obl mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet- igations of my position as registered agent as provid by reflect a change in the registered office address, l I in writing of this change.	gree to act e performe ed for in C I hereby co	in this cap ince of my hapter 602 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent

Tim Mayville, Assistant secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00