## 115000 190 149

| (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: |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |                  |   |  |  |
|--|------------------|---|--|--|
| Seaspray Aviation, LLC   |                  |   |  |  |
| Nan  | ne of Limited    | Liability Company   |  |  |
| Dear Sir or Madam:   |                  |   |  |  |
| The enclosed Registered Agent/Registered Off   | fice Change ar   | ad fee(s) are submitted for filing.   |  |  |
| Please return all correspondence concerning th   | nis matter to th | e following:  |  |  |
| Kenneth Bohannon, Esq.   |                  |   |  |  |
| Name of Person   |                  |   |  |  |
| Coronado Law Group, PLLC   |                  |   |  |  |
| Firm/Company   |                  |   |  |  |
| 221 N. Causeway, Suite A   |                  |   |  |  |
| Address  |                  | <del></del>   |  |  |
| New Smyrna Beach, FL 32169   |                  |   |  |  |
| City/State and Zip Code  | <u> </u>         |   |  |  |
| KBohannon@CFLLawyer.com  |                  |   |  |  |
| E-mail address: (to be used for future and   | nual report no   | tification)   |  |  |
| For further information concerning this matter   | , please call:   |   |  |  |
| Kenneth Bohannon   | 386<br>at (      | 427-5227  |  |  |
| 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 | F<br>F           | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |
| Enclosed is a check for the following  | g amount:        |   |  |  |
| ☑ \$25 Filing Fee  | 0                | \$55 Filing Fee & Certified Copy  |  |  |
| INHS18 (2/14)  |                  |   |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited lic submits the following statement in order to change its registered office or registered agent, or both, Florida,

| 1. Na                                 | me of the limited liability company: Seaspr  | ay Aviation, L  | LC  |   |
|---------------------------------------|--|---|---|---|
| 2. (a)                                |  | (b  | )   |   |
| J. (u)                                | Principal office address of limited liability comp<br>(Note: MUST BE STREET ADDRESS)   | pany:   | ,   | Mailing address of limited liabil (Note: MAY BE POST OFF  |
|                                       | 101 N. Pine Street Unit 4  |   | 101 N. I  | Pine Street, Unit 4   |
|                                       | New Smyrna Beach, FL 32169   |   | New Sn  | nyrna Beach, FL 32169   |
|                                       | 05/14/2018   |   | L150001   | 90149   |
| 3.                                    | Date of filing/registration in Florida   | -4_   |   | Document number   |
| 5. (a)                                | Frank Norman   |   |   |   |
| J. (a)                                | Registered Agent and Registered Office shown on the re   | ecords of the Florida   | Dept. of Sta  | ite:  |
|                                       | Registered Office Address 2022 Aero Circle   | STREET ADDRESS  | 2   | <del>-</del>  |
|                                       | New Smyrna Beach   | . FL 32168  |   | <del>-</del>  |
| 41.5                                  | Coronado Law Group, PLLC   |   |   | _   |
| (b)                                   | Enter name of NEW Registered Agent and/or NEW R  | _<br>   |   |   |
|                                       |  |   |   | e Principa<br>Anglesia  |
|                                       | NEW Registered Office Address:   | <del>-</del>  |   | _   |
|                                       | 221 N. Causeway, Suite A   |   |   | _   |
|                                       | New Smyrna Beach   | , FL 32169  |   | _   |
| the cha<br>agent was/was/wasthe art   | imited liability company is not organized underinge or changes are made, the Florida street adwill be identical. Or, in the case of a Florida lierc authorized by an affirmative vote of the molicles of organization or the operating agreement of a member or authorized representative of a member or authorized representative of a member of a me | ldress of the regis<br>mited liability co<br>embers of the lim<br>at of the limited l<br>Jore | stered offic<br>ompany, it<br>iited liabili             | ce and the business office of is hereby confirmed that the ity company or as otherwise propany. |
| There<br>provisi<br>the ob-<br>to mer | hw accept the appointment as registered agent ions of all statutes relative to the proper and colligations of my position as registered agent as ely reflect a change in the registered office add in writing of this change.  | and agree to act  | t in this cap<br>ance of my<br>Chapter 60<br>onfirm tha | navity. I further agree to can  |