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05/26/17--01023--005 **25.00

FILED BY MAY 26 PH 12: 38 SECRETARY OF STATE TAILANASSEE, FLORIDA

D. SCOTT MAY 3 0 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>Greenleaf Aviation, UC</u>

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:

Raquel Greene

Name of Person

Greenleaf Aviation, UL Firm/Company

4321 NW 124th AVE Address

Coral Springs, FL 33065

City/State and Zip Code

<u>E-mail address: (to be used for future annual report notification)</u>

at (

For further information concerning this matter, please call:

Raquel Greene

Name of Person

<u>954</u>) <u>216- 4306</u> 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:

Sa \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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	Name of the limited liability company: <u>Greenleaf Aviation</u> , UC						
2. (a)	<u>Ereculcat</u> <u>Anotion</u> , <u>UC</u> Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (b)_	Mail		ted liability company:		
	4381 NW 124th Ave		4381	NW 124th	Ave		
	Coral Springs, FL 33065		Coral	springs,	FL 33.065		
2	11/10/2015	. —		019044	· · · · · · · · · · · · · · · · · · ·		
3. 5. (a)	Date of filing/registration in Florida <u>GLA, LLC</u> Registered Agent and Registered Office shown on the records of the	4.		cument number	r		
	Registered Office Address (MUST BE FLORIDA STREET AL						
	4387 NW 124th Ave	<u></u>					
	Coval Springs, FL	330	2010		FI MAY		
(b)	GLA, UC				N 26 P		
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	35 :		FILL FLOG		
	NEW Registered Office Address:				01910 01910		
	43EI NW 124th Ave						
	<u>Coral Springs</u> , FL	3306	<u>,</u> S				
the cha agent was/w the art	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li provide the state of a member of the state of a member of the state of a member of a	he registe bility com the limite mited lia	red office an pany, it is he ed liability co bility compar	d the business of breby confirmed ompany or as ot	office of the registered I that the change(s) herwise provided in		
I here provis the ob to mer	the or a member of autionized representative of a member eby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he id in writing of this change.	e to act in erforman	n this capacit	y. I further agr ies and I am ta	ree to comply with the miliar with and accept		

Signature of Registered Agent

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

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