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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

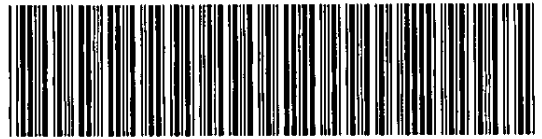
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 01 2016  
J. HARRIS

COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IN-VERTICAL AVIATION LLC

\_\_\_\_\_  
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:

Paul Mauro Jr.

\_\_\_\_\_  
Name of Person

IN-VERTICAL AVIATION LLC

\_\_\_\_\_  
Firm/Company

525 Starstone Dr.

\_\_\_\_\_  
Address

Lake Mary, FL 32746

\_\_\_\_\_  
City/State and Zip Code

paulm@in-vertical.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Mauro Jr.

407

547-9364

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2016

PAUL MAURO JR  
525 STARSTONE DR  
LAKE MARY, FL 32746

SUBJECT: IN-VERTICAL AVIATION LLC  
Ref. Number: L15000207049

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16 MAY 27 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for IN-VERTICAL AVIATION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00009693

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2016 MAY 27 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

IN-VERTICAL AVIATION LLC

1. Name of the limited liability company: 525 Starstone Dr.

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Lake Mary, FL 32746

Lake Mary, FL 32746

December 14th 2015

L15000207049

3. Date of filing/registration in Florida

4. Document number

Paul Mauro Jr.

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

463 Hansom Pkwy

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sanford, FL 32773

Paul Mauro Jr.

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

525 Starstone Dr.

NEW Registered Office Address:

Lake Mary, FL 32746

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.

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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16 MAY 27 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA