LILOCOON NOT

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COVER LETTER

Division of Corporations					
SUBJECT: CONSTITUTION FEDERAL PIL	LOTS, LLC				
	Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
MARK FOLEY					
Name of Person					
CONSTITUTION FEDERAL PILOTS, LLC					
Firm/Company					
4811 SPANISH TRAIL, APT 418					
Address					
DELRAY, FLORIDA 33483					
City/State and Zip Code					
KFOLEYHAR D AGE@GMAIL.COM					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
MARK FOLEY	860 608-0914				
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 Fec	□ \$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	ame of the limited liability company: CONSTITUTION	ON F	EDERAL F	PILOTS	
2. (a)	4811 SPANISH TRAIL, APT 418		_(b) 4811 SPANISH TRAIL, APT 418		
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DELRAY BEACH, FLORIDA 33483	_ _	DELRA	Y BEACH, FLORIDA 33483	
	02/01/2016		L160000	22207	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	THE REGISTERED AGENT COMPANY				
(Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept. of Stat	ee:	
	1574 VILLAGE SQUARE BLVD				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>(S,S)</u>	_	
	TALLAHASSEE FI.	3230	9	_	
	4811 SPANISH TRAIL, APT 418 NEW Registered Office Address:			7 JUN 27	
		3348		AM 7: 03	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the	the re bility f the li limite	gistered offic company, it i imited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
Sign	ature of a member or authorized encesentative of a member			Printed or typed name of signee	
nouju	ely accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address. I had writing of this change	ee to a perfor l for ii ereby	ict in this cap mance of my 1 Chapter 60, confirm 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	
· •	Division of Corporations P.O. B	ox 63	27● Tallaha	ssee, FL 32314	
	FILING FI				