Division of Corporations

2/18/2021 Note: Please print this page and use it 330 cover sheet. Whe the fax audit number

(shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____ LLC REGISTERED AGENT CHANGE JAM AEROSPACE PARTS, LLC Certificate of Status ---1 Certified Copy 02 Page Count \$55.00 Estimated Charge

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From: James Tanks III

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $_{-\frac{1}{4}}$

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.

2021-02-18 12:43:01 CST

1.	Na	me of the limited liability company: JAM Aerospace Pa	irts, L.L.			_
2. (5300 NW 36th Street		b) PO Box 5	32236	_
٠ (α,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
		Bldg \$63	_	Miami, Fl.	1, 331 52-2236	
		Miami, FL 33166	<u> </u>			
		02/10/2016	•	L16000028	3502	
3.	(a)	Date of filing/registration in Florida	4.		Document number	_
5.		MIAMI CORPORATE SYSTEMS, LLC		•		
J.		Registered Agent and Registered Office shown on the records of the 2555 PONCE DE LEON BLVD.	he Flori	ta Dept. of Stat	ute:	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>(S)</u>	22	
	(b)	·	33134		- ' n .3 	
		C T Corporation System			— 12 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	· · · · · · · · · · · · · · · · · · ·	
		NEW Registered Office Address:				
		1200 South Pine Island Road			<u>. </u>	
		Plantation , FL	33324			
the age	cha nt v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility f the li limited	ustered office company, it mited liabili l liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.	
		Company of a market	D:	wid Doerr, Pr	Printed or typed name of signee	_
I h pro the to i not By:	ere vist obt ner ifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agri- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided lefty reflect a change in the registered office address, I had in writing of this change. CT Corporation System Michael Seraphin. Asst. Secretary	ferior	Chapter 60	pacity. I further agree to comply with the duties, and I am Jamiliar with and acce 05 F.S. Or. if this document is being file	

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