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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRANT, ABRAHAM, REITER & MCCORNTCK,
Account Number : I20040000043
Phone : (904)358-2750

Phone : (904)358-2750

Fax Number

: (904)353-1166

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LLC REGISTERED AGENT CHANGE JG JETS, LLC

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|---------|---|---|--------------------------------------|--|--|
| TO; | Registration Section Division of Corporations | | | | |
| SUBJE | JG Jets, LLC | | | | |
| | | e of Limited Liab | lity Company | | |
| Dear Si | ir or Madam: | | | | |
| The en | closed Registered Agent/Registered Offi | ce Change and fee | e(s) are submitted for filing. | | |
| Please | return all correspondence concerning thi | s matter to the fol | lowing: | | |
| Amy l | H. Johnson, Esg. | | | | |
| | Name of Person | | | | |
| Brant | , Abraham, Reiter, McCormick & . | Johnson, PA | | | |
| | Firm/Company | | | | |
| 50 N. | Laura Street, #2750 | | | | |
| | Address | | | | |
| Jacks | sonville, FL 32202 | | | | |
| | City/State and Zip Code | | | | |
| ahjoh | nson@barmjlaw.com | | | | |
| E | -mail address: (to be used for future ann | ual report notifica | tion) | | |
| For fur | ther information concerning this matter, | please call: | | | |
| Amy f | H. Johnson, Esq. | 904 | 358-2750 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
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| | Clifton Building 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| | Tallahassee, Florida 32301 | 7 61161 | 1010t 32317 | | |
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| DOME 19 | 2 (2/14) | | | | |

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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. Na | me of the limited liability company: | 3 Jets, LLC | | | | | | |
|--|--|---|--|---|---|-----------------------------|------------------------------|------------------------|
| 2. (a) | 465 2nd Avenue S., Naples, Flori | ida 34102 | (b) | 465 2nd | Avenue S., Nap | les, Flo | orida (| 34102 |
| (4) | Principal office address of limited liabili (Note: MUST BE STREET ADD | | _ (0) | M | lailing address of limite (Note: MAYBE POS | - | • | • |
| | February 19, 2016 | | _ | .1600003 | | | | |
| 3. | Date of filing/registration in Fl | orida | 4. | | Document number | | | |
| 5. (a) | B. Gray Gibbs | | | | | | | |
| | Registered Agent and Registered Office shown of | on the records of th | e Florida l | Dept. of State: | ; | | | |
| | Registered Office Address (MUST BE FLO.) 100 Second Ave S. | RIDA STREETA | DDRESS) | | | SECRE! | 16 MAR | er george |
| | St. Petersburg | EI , | 33701 | | | ANY PE | CD CD | STATES STATES |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> Brant, Abraham, Reiter, McCorn <u>NEW Registered Office Address:</u> | | | ress. | | F STATE FLORIDA | iii 9: 43 | |
| | 50 N. Laura Street, #2750 | | | | | | | |
| | Jacksonville | ri . | 32202 | | | | | |
| the cha agent v was/pyc the arti- Signa I heree provisi the oblinamer notified | imited liability company is not organized ange or changes are made, the Florida strivill be identical. Or, in the case of a Florice authorized by an affirmative vote of a cles of organization or the operating agriculture of a memberial authorized representative of the project of all statutes relative to the project of t | d under the law eet address of trida limited lial the members of cement of the l | s of the s he regist oility cor the limi imited li | ered office npany, it is ted liability ability com | and the business of hereby confirmed company or as oth pany. | ffice of that the perwise p | he regi change provide | istered (s) d in |

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