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COVER LETTER

TO: Registration Section Division of Corporations	
DOUBLE k AIR, LLC SUBJECT:	
	limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
KENNETH W TRAWICK	
Name of Person	
DOUBLE K AIR, LLC	
Firm/Company	
1419 ROYAL ADELADE DR	
Address	
COLLEGE STATION, TX 77845	
City/State and Zip Code	
KWTFLA@ME.COM	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
KEN TRAWICK	713 5420747
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
\$ \$25 Filling Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

. 1 S X 2

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.

. Na	une of the limited liability company: DOUBLE K AIR,	LLC			
2. (a)	1419 ROYAL ADELADE, DR		(b) 1419 ROY	'AL ADELADE DR	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	
	COLLEGE STATION, TX 77845	_	COLLEGE	STATION, TX 77845	
		_			
	05/18/2016	_	L160000941		
i. (a)	Date of filing/registration in Florida TRAWICK, KENNETH W	4.		Document number	
. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of State	– e:	
	PMB 312			_	
	Registered Office Address (MUST BE FLORIDA STREET) 981 HWY 98 E, SUITE 3	IDDRI	<u> </u>		
	DESTIN. FL 32541, FL			-	<u>ن</u> ي
(b)	TRAWICK, KENNETH W				J. HORNE
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	_	5 Ž
	165 BALD EAGLE DR				021
	NEW Registered Office Address:			_	
	SANTA ROSA BEACH FI	32459	-8316	-	
hange gent v vas/we ne arti Signa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the member of a member or authorized representative of a member	vs of t regist ibility if the l limite	he State of Floered office and company, it is imited liability d liability com	d the business office of shereby confirmed that y company or as other apany. (W. 7220 W. Printed or typed name of	of the registered at the change(s) wise provided in
oagiei	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I definition of this change.	ee to d perfor I for it tereby	nct in this cape mance of my c n Chapter 605 confirm that i	acity. I further agree, duties, and I am famili , F.S. Or, if this docu the limited liability co	to comply with th iar with and acce, ment is being file mpany has been

Signature of Registered Agent