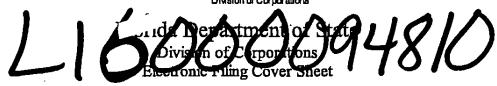
10/5/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000262640 3)))



H170002626403ABC

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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

LLC REGISTERED AGENT CHANGE IFLY AVIATION GROUP, LLC

Certificate of Status Certified Copy 0 Page Count 02 \$25.00 Estimated Charge

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INH\$18 (2/14)

TO:	Registration Section Division of Corporations			<i>t</i> .			
SUBJECT: IFLY		Y AVIATION GROUP, LLC					
			e of Limited Liability Company				
Dear S	Sir or Madam:	•	-				
The er	nclosed Registered Agent/Registered Offi	ce Chai	nge and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matte	r to the	following:			
	Jessica Delgado						
	Name of Person			_			
	InCorp Services, Inc.						
	Firm/Company			_			
	• •						
····	3773 Howard Hughes Pkwy. Suit	e 500S	<u> </u>	<u> </u>			
	Address						
	Las Vegas, NV 89169-6014						
	City/State and Zip Code	•	· · · · · · · · · · · · · · · · · · ·				
	documents@incorp.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jess	ica Delgado	at (702	, 866-2500			
	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		Re _l Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314			
	Enclosed is a check for the following	amoun	t:				
	☑ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			

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H17800 2626

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.

(~)	ame of the limited liability company: IFLY AVIATIO		(b)	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: NAY BE POST OFFICE BOX)
	12025 MAGAZINE STREET			
	Orlando, FL 32828			
	05/13/2016		L1800	0094810
	Date of filing/registration in Florida	4.		Document number
(a)	JESPER BRANDT-JENSEN			
5. (n)	Registered Agent and Registered Office shown on the records of	f the Flor	da Dept. of	State:
	14200 Sw 132 Ave			
	Registered Office Address (INUST BE FLORIDA STREET	ADDRE	223	
	Miami Fi	L	33186	
				53
(b)	InCorp Services, Inc.		- 11	<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registere	ed Utilice	address:	Sie Sc
	17888 67th Court North			2 7 3 1
	NEW Registered Office Address:			
	Loxahatchee, FL 33470			TAT OCT -5 AM 9: 28
	Loxahatchee	iL.	33470	2
re cho gent v	limited liability company is not organized under the leange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the r liability s of the	gistered company limite: li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	444-	<u>.</u>	esper B	randt-Jensen
	sturned of member or authorized representative of a member			Printed or typed name of signee
here rovisi ie obi mer otifie	by accept the appointment as registered agent and a lons of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, a la writing of this change	gree to le perfo ded for I hereb	act in thi. rmance o In Chapte y confirm	s capacity. I further agree to comply with the if my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been
	Jessica Delgado on	ı beha	if of inc	orp Services, Inc.
_		. D	2774 T-1	Naharaa El 29314
	Division of Corporations • P.O.	, BOX C	341- 12	HBUN22CC L F 253 F4

FILING FEE: \$25.00

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