L16000165870

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Sity/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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JUL 15 2021 A RAMSEY

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Archard Server Name of Limited Lie	Providero UC ability Company
Dear Sir or Madam:	L16000165870
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Stephen Gerraro Esq Name of Person	_
Gerrero Can Grop Firm/Company	_
240 SW 8th Are	
Minari, F1 33130 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Stephen Guerrero at (954. Name of Person) 483-0017 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 amount:	

☐ \$55 Filing Fee & Certified Copy

□\$25 Filing Fee

' 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.

		•	•	•
Name of the limited liability company:	Airciaft	Service	Providens	uc
2. (a) 13456 NW 38CH	(h 13456	3 8	£ > 2
Principal office address of limited liabil (Note: MUST BE STREET ADD	lity company:	Maili	ng address of limited ote: MAYBE POST	liability company:
Opa Locka FI	<u>33054-45</u> 06	Opa L	ucka, Fl	
9-6-2016 Date of filing/registration in F		 ,	<u> </u>	<u> </u>
3. Date of filing/registration in F	lorida 4.	Doc	rument number	
5. (a) Enmanuel DE F	Pena			•
Registered Agent and Registered Office shown	on the records of the Floric	a Dept. of State:	∴ (夏小
Registered Office Address (MUST BE FLC	ORIDA STREET ADDRES	<u> </u>		生一万
	, FL	<u> </u>		25 K
the Consession Louis Cres				
(b) Trecras Low Gra Enter name of NEW Registered Agent and/or	NEW Registered Office a	ddress:		
240 SW 8" AL	e			
NEW Registered Office Address:				
Miam. Fl 33130				
711111111111111111111111111111111111111				
	121			
	, FL			
If the limited liability company is not organize change or changes are made, the Florida street agent will be identical. Or, in the case of a Flowas/were authorized by an affirmative vote of the articles of organization or the operating ag	address of the register orida limited liability c the members of the lii	ed office and the ompany, it is her nited liability co	business office of beby confirmed the mpany or as other	of the registered in the change(s)
Signature of a member or authorized representative of	Zt	aphon Graco	<u> عدی چې م</u> nted or typed name of	
•		•		-
I hereby accept the appointment as registered provisions of all statutes relative to the proper the obligations of my position as registered ag to merely reflect a change in the registered off notified in writing of this change.	l agent and agree to ac and complete perforn ent as provided for in fice address, I hereby c	t in this capacity ance of my dutic Chapter 605, F.S onfirm that the l	e. I further agree is, and I am famili is, Or, if this docu imited liability co.	to comply with the far with and accept ment is being filed mpany has been

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

Signature of Registered Agent