## L16000182417

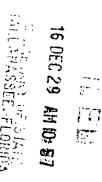
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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	Airport Direct LLC  Name of Limited Liability Company						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
Monie	que R Grant						
	Name of Person	<del></del>					
Airpo	rt Direct LLC						
	Firm/Company	**************************************					
347 E	E Burleigh Blvd						
	Address	· · · · · · · · · · · · · · · · · · ·					
Tava	res, Fl 32778						
	City/State and Zip Code						
mg37	767@gmail.com						
F	E-mail address: (to be used for future annua	al report notification)					
For fu	rther information concerning this matter, p	lease call:					
Monie	que R Grant	352 702-5081					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
	Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy					
INHSI	8 (2/14)						

## 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. N	lame of the limited liability company: Airport Direct						
2. (a)	347 E Burleigh Blvd	(b) P O Box 1461					
· <b>\</b> ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	N	Mailing address of limited (Note: MAY BE POS	•		
	Tavares, Florida 32778		Tavares,	, Florida 32778			
	September, 29, 2016	_	L1600018	32417			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	) Nelson A Grant			_			
	Registered Agent and Registered Office shown on the records of 347 E Burleigh Blvd	the Florida	a Dept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•			
	Tavares			-	3	. بر هست	
	. FI.	32778			32.14	)30 g	
(b)	Monique R Grant  Enter name of NEW Registered Agent and/or NEW Registered  NEW Registered Office Address:	Office ad	dress:		ASSEE, FLORIUS	29 MID 63	Control of the Contro
	,FL						
the clagent was/v	limited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticks of organization or the operating agreement of the law of a member or authorized representative of a member.	f the regi ability co of the lin limited	stered office ompany, it is nited liability liability com	e and the business of s hereby confirmed t y company or as othe apany.	ffice of the that the ch erwise pro	registe ange(s)	ered )
I her provi	eby accept the appointment as registered agent and agreeing of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	ee to ac perform d for in ( hereby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agre	e to comp	ly with and ac being f as bee	the cept iled n

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