

LI6000 220 942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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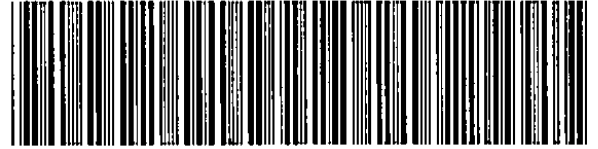
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVIATION MIAMI LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO FRANCO
Name of Person

FRANCO LAW FIRM P.A.
Firm/Company

268 ALHAMBRA CIRCLE
Address

CORAL GABLES FL 33134
City/State and Zip Code

FRANCO@FRANCOLEGALGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernando Franco at (786) 291-5321
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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. Name of the limited liability company: AVIATION MIAMI LLC

2. (a) 268 ALHAMBRA CIRCLE (b) 268 ALHAMBRA CIRCLE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

CORAL GABLES FL 33134

CORAL GABLES FL 33134

3. 12/06/2016
Date of filing/registration in Florida

4. L160000220942
Document number

5. (a) SPC MANAGEMENT SERVICES INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1900 SW 3RD AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33129

(b) FRANCO LAW FIRM P.A.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

268 ALHAMBRA CIRCLE

NEW Registered Office Address:

CORAL GABLES, FL 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ABELARDO DE LA ESPRIE
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00