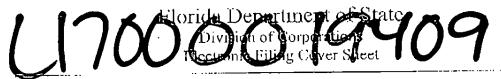
12/13/2017



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From:		·	
	Account Name	: ELO ENTERPRISES, INC	<u>.2</u> 1
	Account Number	: 120150000109	•
	Phone	: (561)544-8862 gg - 1	•
	Fax Number	: (954)697-0130	•
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## 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.

l. Na	me of the limited liability company: T.F.S. AVIATIO	ON USA, LLC
	1020 NW 62ND ST HANGAR 20	(b) 1020 NW 62ND ST HANGAR 20
2. (2)	Principal office address of limited liability company.	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	(Nois: MUST BE STREET ADDRESS)	FORT LAUDERDALE, FL 33309
	FORT LAUDERDALE, FL 33309	FORT LAUDERDALL, I L 30300
	01/24/2017	L17000019409
3.	Date of filing/registration in Florida	4. Document number
- - (-)	PROFESSIONAL CORPORATE SERVICES	S, LLC
5. (a)	Registered Agent and Registered Office shown on the records of the	the Florida Dept. of State:
		· 100
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS
	1000 BRICKELL AVE STE 201	· 6
	MIAMI	33131
		7% 2.7
(b)	ELO ENTERPRISES, INC	
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:
		Ğ
	NEW Registered Office Address:	<del></del>
	4700 NW BOCA RATON BLVD STE 202	
	BOCA RATON FL	<u> </u>
the clagent was/v	unge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	we so the State of Florida, it is hereby confirmed that after if the registered office and the business office of the registered is billity company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.  Ferrance Guinages  Printed or typed name of signee  The performance of my duties, and I am Jamiliar with and accepted for in Chapter 605, F.S. Or. if this document is being filed thereby confirm that the limited liability company has been

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