

# L17000064407

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

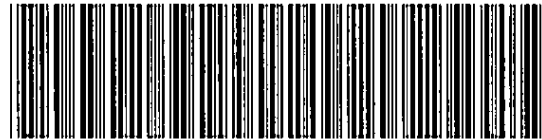
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JH

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2021 AUG 19 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAKE FLIGHT SOLUTIONS

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:

Ryan Bobryk

Name of Person

TAKE FLIGHT SOLUTIONS

Firm/Company

9034 Bexley Dr

Address

Fort Myers, FL 33967

City/State and Zip Code

rbobryk20@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Bobryk

Name of Person

at (407) 867 7677

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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 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.*

**TAKE FLIGHT SOLUTIONS**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

9034 Bexley Drive

Fort Myers Florida

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

9034 Bexley Drive

Fort Myers Florida 33967

03/21/2017

L17000064407

3. Date of filing/registration in Florida

4. Document number

5. (a) RE-MMAP INC

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

4500 BELVEDERE RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

A3

WEST PALM BEACH, FL 33415

(b) Northwest Registered Agent LLC

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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2021 AUG 29 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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 of a member or authorized representative of a member

Ryan Bobryk

Printed or typed name of signer

*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 of Registered Agent

Tom Glover - Assistant Secretary

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

FILING FEE: \$25.00