

10/21/24, 10:03 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDALLC REGISTERED AGENT CHANGE  
ALPHA AVIATION ACADEMY, LLC

Certificate of Status	0
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M. SOLOMON  
OCT 21 2024

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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.

1. Name of the limited liability company: ALPHA AVIATION ACADEMY, LLC
2. (a) 200 AIRPORT ROAD  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
PALM COAST, FL 32164
- (b) 561 PEARL HARBOR DRIVE  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
DAYTONA BEACH, FL 32114
3. 01/11/2018  
Date of filing/registration in Florida
4. 1.18000010831  
Document number
5. (a) KRISTOFFER JOHNSON  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
561 PEARL HARBOR DR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
DAYTONA BEACH, FL 32114
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
 2024 OCT 21 PM 1:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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.

Andrew Scobola  
Signature of a member or authorized representative of a member

Andrew Scobola

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.

By: C T Corporation System

Sean L. Emerick

SEAN L. EMERICK, ASSISTANT SECRETARY

Signature of Registered Agent

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