L18000017346

(Re	equestor's Name)					
(Ad	fdress)					
(Ad	ldress)	·				
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bı	ısiness Entity Name	e)				
(Do	ocument Number)					
Certified Copies	Certificates o	of Status				
Special Instructions to	Filing Officer					
Special matructions to	Timing Officer.					





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COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
SUBJECT:	GATOR NAPLES AVIATION, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and f	ce(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the fo	ollowing:			
Daniel We	eidenbruch					
	Name of Person		_			
	Firm/Company		_			
5071 Seas	shell Avenue		_			
	Address					
Naples, Fl	L 34103					
	City/State and Zip Code		_			
dwgator@)aol.com					
E-mail	address: (to be used for future ann	iual report notific	eation)			
For further i	nformation concerning this matter,	please call:				
Daniel We	eidenbruch	239	8770603			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi Cliff 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
2 S	25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy			
INHS18 (2/14	4)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOIL LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

l.	Na	me of the limited liability company: GATOR N.	APLES AV	IATION,	LLC		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			ompany:
		- 5071 Seashell Avenue NAPLES, FL 34103			071 Seashell Avenue APLES, FL 341 <u>03</u>	!	
		01/19/2018	f	_1800001	17346		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	Daniel Weidenbruch					
Σ.	(4)	Registered Agent and Registered Office shown on the record 747 Myrtle Terrace	- e:				
		Registered Office Address (MUST BE FLORIDA STRE	(TADDRESS)			SECPETAPY))) = ===============================
		Naples	, FL_34103		- (A) - (A)	1 2	Times Times
(1	(b)	Daniel Weidenbruch			30 S. C.	٠.	17
	` .	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PH 3: -		
		5071 Seashell Avenue			L. 7	i i	•
		NEW Registered Office Address:			-		
		Naples	. FL 34103		-		
the age wa	ent v is/we	imited liability company is not organized under the inge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite the authorized by an affirmative vote of the member cles of organization or the operating agreement of	s of the regised liability co ers of the limited li	tered office mpany, it is ted liability	e and the business offi s hereby confirmed tha y company or as other npany.	ce of th at the cl	e registered hange(s)
	Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee	
pro the to no	ovisi obl mere tified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address fin writing of this change.	agree to act lete performa vided for in C s, I hereby co	in this cape nce of my c hapter 605 nfirm that	acity. I further agree duties, and I am famil. 5. F.S. Or, if this docu the limited liability co	'o comp 'ar with ment is mpany	oly with the and accept being filed has been
Si	gnatu	re Kegistered Agent					