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Division of Corporations

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: (561)290-1590

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 : (561)686-3307 Phone

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bmann @ nasonyeager. com

## LLC REGISTERED AGENT CHANGE TD AVIATION, LLC

Certificate of Status	0
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Help

## 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. N	Iame of the limited liability company:TD Aviation LLC	<u> </u>			
2. (a)		(b)			
	Principal office address of limited liability company: (Nota: MUST BE STREET ADDRESS)		Mail	ing address of limite	ed lisbility company: TOFFICE BOX)
	2328 10th Avenue N, Suite 300				
	Lake Worth Beach, FL 33461				744
	05/01/2018	I	L18000105810		
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Do	cument number	
5. (a	NASON, NATHAN				
(b) .	Registered Agent and Registered Office shown on the records of NASON YEAGER ET AL	the Plorida D	Dept. of State:		21
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3001 PGA BLVD #305				
	PALM BEACH GARDENS FI	33410			,
	ARMOIR ALAN				.:
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :		- -
	NASON YBAGER ET AL				
	NEW Registered Office Address:	<del></del>			
	3001 PGA BLVD #305				
	PALM BEACH GARDENS FI	33410			
chang agent was/v	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered ability com of the limit limited lia	office and the pany, it is he ed liability co	e business office reby confirmed to impany or as oth iy.	of the registered hat the change(s)
Sign	anure of a member or authorized representative of a member		Pri	nted or typed name	of signee
I her provisithe of the notific means to mean the notific means to the notific means	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete sligations of my position as registered agent as provide relativelect a change in the registered office address, I sed in writing of this change.  The of Register args to the change of the change of the change.	ree to act is performan å for in Ch hereby con	n this capacit ace of my duti apter 605, F. firm that the	y. I further agre es, and I am fam S. Or, if this do limited liability (	e to comply with the iliar with and accept rument is being filed rompany has been
	Division of Cornorations P.O.	Box 63274	Tallahasses	FT. 32314	