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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.	Na	me of the limited liability company: _	Aero Design L	abs LL	.C				
ว	(a)	SEUR CRAVEL DRIVE		(b) 2506 GRAVEL DRIVE					
 ,	· · · ·	Principal office address of limited liab (Note: MUST BE STREET AL		_ ("		Mailing address of limited (Note: MAYBE POST			
		FORT WORTH, TX 76118			FORT WORTH, TX 76118				
		07/30/2018		_	L1800018	83167			
3.		Date of filing/registration in	Florida	4.		Document number			
5	(a)	CARNEY STANTON P.L.							
.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat			- e.		2019		
		Registered Office Address <u>(MUST BE FL.</u> 4000 PONCE DE LEON BOUI			_	3.	AUG -	4 	
		CORAL GABLES	, FL	33146					; ₹₹
	(b)	LEGALING CORPORATE SERVICES INC.			_		4K 10: 21	gonina Na _m u	
		Enter name of NEW Registered Agent and/or NEW Registered Office address							•••••• •
		NEW Registered Office Address.				-			
		5237 SUMMERLIN COMMONS BLVD, SUITE 400				-			
		FORT MYERS	, FI,	33907		_			
the age	cha ont v	imited liability company is not organizing or changes are made, the Florida swill be identical. Or, in the case of a Fere authorized by an affirmative vote of eles of organization or the operating a	ed under the law street address of the lorida limited lia f the members of	s of the the regin bility co	State of Flostered office ompany, it is isted liabilit	e and the business of s hereby confirmed to y company or as othe npany.	fice of th hat the cl	e regis hange(s	tered
-4	iign4	tuie of a member or authorized representative of	of a member			Printed or typed name of	i signee		
pro the to	ovis : obi mer	by accept the appointment as registered in soft all statutes relative to the property of all statutes relative to the property actions of my position as registered all yreflect a change in the registered of the writing of this change.	d agent and agre or and complete p gent as provided ffice address, I h	ee to act perform I for in C ereby c	m this cap ance of my Chapter 602 onfirm that	acity. I further agreed duties, and I am fam 5, F.S. Or, if this doc the limited liability o	e to comp iliar with cument is company	oly with and ac being has bec	i the ccept filed en
Sı	gnati	ire of Registered Agent							

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