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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Mid-air Name of	Imagina, LLC Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Breanne Hay Name of Person	····			
Mid-Air Tmagine	J, LLC			
5310 Southern Valley LP-				
Brooks ville, FC, 34(60) City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Breanne Hay at (727) L43-5916 Name of Person 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			

INHS18 (2/14)

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.

I. Na	une of the limited liability company: Mid-air Ima	iging, UC
2. (a)	(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5310 Southern Valley Up.	Sane
	Brooksvilk, Fl. 34601	
7	Date of filing/registration in Florida 4.	3000244127 Document number
3.		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	, MC
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	13302 Winding Oak Ct. A	ជ
	13302 Winding Oak Ct. A Tampa FL 33612	FT .
	Breanne Hay	7 29
(h)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	•
		PH 2
	5310 Southern Valley Lp.	2: 14
	NEW Registered Office Address:	3° ±
	Brooksville FC,3460)	
	, FL	
the cha agent v was/we the arti	imited liability company is not organized under the laws of the State of Floringe or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is greauthorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability company to a member or authorized representative of a member	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee are to comply with the
provisi the obl to mere notified	ions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address, I hereby confirm that if it is writing of this change. 15 16 Registered Agent	luties, ånd I am familiar with ånd accept , F.S. Or, if this document is being filed the limited liability company has been