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LLC REGISTERED AGENT CHANGE AEROTHRUST TEST CELL, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

. Na	ame of the limited liability company: AeroThrust Test	Cell, LLC	
(a)_	5300 N.W. 36TH STREET	(b) _	PO Box 522236
. 197_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BUILDING 863	M	41AMI, FL 33152-2236
	MIAMI, FL 33166		
	11/06/2018		S000259357
	Date of filing/registration in Florida	4,	Document number
(b)	MIAMI CORPORATE SYSTEMS, LLC		
	Registered Agent and Registered Office shown on the records of 2555 PONCE DE LEON BLVD.	f the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET SUITE 600	ADDRESS)	 . •
	CORAL GABLES , F	L_33134	
	C T Corporation System		72
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	
	NEW Registered Office Address:		
	1200 South Pine Island Road		——————————————————————————————————————
	Plantation, F	L_33324	÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷ ÷
e ch gent as/w	limited liability company is not organized under the I ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the members sicles of organization or the operating agreement of the	aws of the St of the register liability com s of the limite he limited liab	ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Sim	ature of a member-or-authorized representative of a member		Printed or typed name of signee
here rovis se ob mes otific	chy accept the appointment as registered agent and a sions of all statutes relative to the proper and comple- ligations of my position as registered agent as provided the reflect a change in the registered office address, and in writing of this change. CT Corporation System Manal Suaphan are of Registered Agent Klichael Semphin, Asst. Secretary	led for in Cha I hereby conj	conter 605, F.S. Or, if this document is being file

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