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COVER LETTER

TO: Registration Section Division of Corporations					
Darwin Aviation Consultany LLC					
Name of Limited Liability Company					
Dear Sir or Madam:	,				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter t	to the following:				
Christian Hollyer					
Name of Person					
Darwin Aviation Consultancy LLC					
Firm/Company					
2001 Walnut Hills Drive					
Address					
Knoxville, TN 37920					
City/State and Zip Code					
chollyer@darwin-aviation.com					
E-mail address: (to be used for future annual report	t notification)				
For further information concerning this matter, please ca	ili:				
Christian Hollyer	727-256-7867				
Name of Person	Area Code & Daytime Telephone Numbe				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:	:				
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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.

(a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2619	9 56th Street South		2001 V	Valnut Hills Drive
Gul	iport, Florida 33707		Knoxy	ille TN 37920
2/21/	2019		L19000	051326
	Date of filing/registration in Florida	4.		Document number
(a)		_		
Regis	tered Agent and Registered Office shown on the record	s of the Flor	da Dept. of	`State:
Regi	stered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>SS)</u>	202
2619	9 56th Street South			
Gul	iport	FI 33707		E JUN 26
		·		JUN 26 AM
b)	name of NEW Registered Agent and/or NEW Register	arad Offica	nddress:	
Enter	name of NEW Registered Agent and/or NEW Regist	irea Office	<u>1001 (33</u> .	3: 00
НО	LLYER CHRISTIAN A			
NEV	Y Registered Office Address:			
460	4 49th Street North, Suite 1584			
St. I	etersburg	FL 33709		
ige or cl it will be were au	d liability company is not organized under the nanges are made, the Florida street address of a identical. Or, in the case of a Florida limited thorized by an affirmative vote of the membe of organization or the operating agreement of	the registe Hiability (rs of the li	red office company, mited lial	e and the business office of the registered it is hereby confirmed that the change(s bility company or as otherwise provided
	a member or authorized representative of a member		ristian Ho	
mature of	a member or supporized representative of a member	_		Printed or typed name of signee

to merely reflect a change in the registered agent as provided for in Chapter 605. F.S. Or, if this document is being file to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent