To: 18506176383

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To: Division of Corporations Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE TRADECRAFT FLYING SERVICE, LLC

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M. SOLOMON

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11/27/2024 13:34:11 PST+ To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 2083526281

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company:						
2. (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)				
	7901 4th St N STE 300		7901 4th St	N STE 300			
	St. Petersburg FL 33702		St. Petersbu	burg FL 33702			
	03/18/19	t	.1900007299	99			
3.	Date of filing/registration in Florida	- 4.		Document nur	nber		
5. (a	, DANNER, ELIOT						
(a	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State.	•			
	15755 CHANDELLE PLACE						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	WELLINGTON .FI	33414			7.0	2024 DEC	
(b)	Registered Agents Inc					1	Facility V 1 Facility D'ademin
, , ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		(n) (n)	2 -	₽ ₽₩.
	7901 4th St N				50 ¥1 € 60 † 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10 ± 10	PM ID:	
	NEW Registered Office Address					$\overline{\omega}$	
	STE 300		_ _				
	St. Petersburg	33702					
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address of 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	ws of the f the regis lability co of the lim telimited li	ered office npany, it is ted liability ability com Jones	and the busing hereby confirm company or a pany.	ess office of med that that so as otherwis	of the r ne char e prov	egistered ige(s)
				Printed or typed	_		
provis the ob- to mei notific	cby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete oligations of my position as registered agent as providerely reflect a change in the registered office address. It is writing of this change.	performa ed för in C herchy co	in this capa nce of my d hapter 605, nfirm that t	wity. I further luties, and I ar F.S. Or, if th he limited liab	agree to c in familiar is documen oility compo	romply with a at is be any ha	with the id accept ing filed s been
	David Roberts - Assistant S	ecretary					