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SECRETARY OF STATE

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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations					
INTERNATIONAL AIRCRAFT	MARKETING & SALES, LLC				
Nobel Control of the	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	; this matter to the following:				
STACY CUMMINS	•				
Name of Person					
INTERNATIONAL AIRCRAFT MARKETING	3 & SALES, LLC				
Firm/Company					
8191 N TAMIAMI TR, STE 175					
Address					
SARASOTA FL 34243					
City/State and Zip Cod	e				
STACY@ASC-FLA.COM					
E-mail address: (to be used for future	annual report notification)				
For further information concerning this mat	ter, please call:				
STACY CUMMINS	941 685-6362 at ()				
Name of Person	Area Code & Daytime Telephone Number				
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 follow	ing 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.

1. Na	une of the limited liability company:INTERNATION	AL AIRC	RAFT MA	ARKETING & SALES, LLC
2. (a)		Œ	o)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/27/2019	_	L190000	84959
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NICK ROKNICH			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	<u> </u>	2021 SE
	1800 SECOND STREET. STE 854			ARR NO THE
	SARASOTA	34236		SECRETARY SECRETARY
	JAMES PERKINS			ASSEF.
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	<u>dress</u> :	TATE
	NEW Registered Office Address:			
	8191 N TAMIAMI TR, STE 175			
	SARASOTA, FL	34243		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registere ability co of the lim limited	ed office a impany, it iited liabii iability co	and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in
Signa	tyre of a member or authorized representative of a member			Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agreens on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	perform d for in (ance of m Thanter 6	y duties, and I am familiar with and accept 05 F.S. Or, if this document is being filed
Signatu	pe of Registered Agent			
	Division of Cornorations P.O.			