## 19000 104 180

(R	equestor's Name)					
(Address)						
(A	ddress)					
(C	ity/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate:	s of Status				
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R. Wile: APR 2 8 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 4/500/S AVIDTION	/
Nam	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
RANDEIL Marme of Person	
40 Souls Aviation	
7737 CIRUNDY ST Address	
PINSACOLA, FLORIDA City/State and Zip Code	30507
E-mail address: (to be used for future ann	•
For further information concerning this matter,	please call:
RANDELL PYLCART Name of Person	at (850) 368-4138  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 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.

1.	Na	me of the limited liability company:	WIRTION/				
2	(a)	7737 CIRUNDY ST	(b)	7737 CRUM	S <sub>T</sub>		
2. (a) _		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (°)	Mailing address of limit	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)		
		PENSACOLA, FLORIDA 30507		PENSACOLA,	FLORICE 33SD		
7		Αρκι 16, 2019  Date of filing/registration in Florida		9000104180			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT Registered Office Address MUST BE FLORIDA STREET A	ne Florida Dept. of				
		SUITE A					
		TAMPA, FL	33612				
,	(b)	FINA MARIA MCCART Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	<u>.</u>	7.52		
		7737 Calain St					
		NEW Registered Office Address:			7.1 9: 3		
		PENSACOLA ,FL	32507				
cha age was the S I h pro the to n	nge nt v s/we arti ignat erel visi obl nere ified	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabilities of amember or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change.	registered office oility company, the limited liability	e and the business office it is hereby confirmed bility company or as office company.  Printed or typed name canacity. I further agree	e of the registered that the change(s) nerwise provided in ART of signee		
Sig		re of Registered Agent					