119000 162394

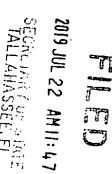
| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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Mr 50 3019

COVER LETTER

| Division of Corporations | |
|--|---|
| HI-AVIATION & SERVICES LLC SUBJECT: | |
| | ited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change | ge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | to the following: |
| LENA DELGADO | |
| Name of Person | |
| Firm/Company | |
| , . | |
| 1946 NW 3 RD APT-1946 Address | |
| | |
| MIAMI, FL 33125 | |
| City/State and Zip Code | |
| SERMARTI04@YAHOO.COM | |
| E-mail address: (to be used for future annual repor | t notification) |
| For further information concerning this matter, please ea | all: |
| at (| |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount | ; |
| ☑ S25 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.

| I. Na | ame of the limited liability company: HI-AVIATION | & SER | VICES I | LLC |
|--|---|--|--|--|
| 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) |
| | 1946 NW 3 RD APT-1946 | | SAME | |
| | MIAMI,FL 33125 | | | |
| | 06/19/2019 | I | _900016 | 52394 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | LENA DELGADO | | | |
| · (1) | Registered Agent and Registered Office shown on the records of LENA DELGADO | the Florida | Dept, of Sta | ate: |
| | Registered Office Address (MUST BE FLORIDA STREET) 7252 SW 22 STREET | <u>ADDRESS)</u> | | _ |
| | MIAMI , FL | 33155 | | EIL 22 2019 JUL 22 SECNLIANA |
| (b) | SAME | | | JUL 22 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ress: | |
| | SAME | | | AMII: 47 OF SEE. FL |
| | NEW Registered Office Address: | | | - Lange 47 |
| | 1946 NW 3 RD APT-1946 | | | |
| | MIAMI , FL | 33125 | | _ |
| he cha agent w was/we he artic Signat I hereh provision he obli o mere | mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liar authorized by an affirmative vote of the members of the organization or the operating agreement of the unit of a member of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address, I have the proper and complete in the registered of the address. | the registability conference of the limited li | ered officenpany, it is ted liability con A DELG | ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. SADO Printed or typed name of signee |

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

Signature of Registered Agent