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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. N	ame of the limited liability company: AMP AERO SER	VICES LI	.C	· ·		
2. (a)	12901 SW 122 Avenue Suite 105 Miami, FL 33186	(b)	(b) 12901 SW 122 Avenue Suite 105 Miami, FL 33186			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` ` ^		Mailing address of limi (Note: MAY BE PO		•
	12901 SW 122 Avenue Suite 105 Miami, FL 33186	_	12901 SW	122 Avenue Suite 10)5 Miami, FL 33	186
3. 5. (a)	Date of filing/registration in Florida		.190002828	71 Document number	r	
	PINDER, NATASHA MARIE			.		
	Registered Agent and Registered Office shown on the records of PINDER, NATASHA MARIE	<u>:</u> :				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 0395 SW 186 ST				2022 SEI	
	MIAMI , FL	33157	_	_	2022 JAN 18 SECKE NAT	N
	MARIA LARA				18	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	Y CA	(122
	MARIA LARA			_	0.00	
	NEW Registered Office Address:					
	12901 SW 122 Avenue Suite 105			<u>.</u>		
	Miami FL	33186		_		
chang agent was/w	limited liability company is not organized under the lay ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registere ability cor of the limi limited li	d office and npany, it is ted liability	I the business offices thereby confirmed y company or as of	ce of the registe	red
Sign	ature of a member of authorized representative of a member			Printed or typed name	e of signee	
provis the ob to me	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	verforma	nce of mv a	tuties, and I am far	miliar with and	accept

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

Signature of Registered Agent