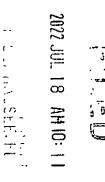


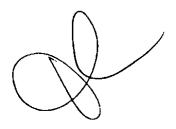
(Re	equestor's Name)					
(Address)						
(Ad	dress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	rsiness Entity Nar	ne)				
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





07/18/22--01521--021 **25.00





COVER LETTER

	\$25 Filing Fee	0 9	555 Filing Fee & Certified Copy	y	
En	closed is a check for the follow	ving amount:			
			Tallahassee. FL 32303		
Ta	llahassee. FL 32314		2415 N. Monroe Street. S	Suite 810	
P.O. Box 6327			The Centre of Tallahasse	-	
	vision of Corporations		Division of Corporations		
	gistration Section		Registration Section		
	siling Address:		Street Address:		
	Name of Person		Area Code & Daytime Tele	phone Number	
Melissa	Jones	844 at (493-6249		
For further	information concerning this ma	itter, please call:			
E-mai	address: (to be used for future	annual report noti	fication)		
ra@zenbusi	ness com			· · · · · · · · · · · · · · · · · · ·	
	City/State and Zip Co	de			
Tallahassee	FL 32301				
	Address			18	
336 E. Cotle	ege Ave. Suite 301	·		2022 JUL 18 AM 10: 11	
	Firm/Company			207	
ZenBusines	s Inc.				
	Name of Person				
Melissa J	ones				
Please retu	m all correspondence concernin	ng this matter to the	e following:		
The enclose	ed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.		
Dear Sir or	Madam:				
		Name of Limited 1	Liability Company		
SUBJECT	: A STEP ABOVE AVIATI	ON LLC			
	gistration Section vision of Corporations				

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	ame of the limited liability company: A STEP	ABO'	۷I	E AVIA	TION L	LC		
2. (a		2151 NW 107TH AVE		Œ١	2151 N	VW 107	TH A	VE	
Z. (i	1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(U)	М	lailing address of (Note: MAY E	of limited 1 SE POST (iability c	
		SUNRISE, FL 33322			SUNN	ISE, FL	3332		
							<u> </u>		
		06/18/2020		l	_20000	170371			
3.		Date of filing/registration in Florida	4.		Ľ	Document nu	mber		
5. (a)	Registered Agents Inc.							
J. (_,	Registered Agent and Registered Office shown on the records of	the Flori	da l	Dept. of State:				
		7901 4th St N							
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>					
		STE 300						~	
		St. Petersburg , F	L33702					2022 JUL	
(I	3)	ZenBusiness Inc					:. ::	8 I T(ا معند العندية -
(,	•)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	dd	ress:		ine.		; 7 7
		336 E. College Ave.						AM 10: 1	O
		NEW Registered Office Address:							
		Suite 301							
		Tallahassee	L_32301						
If th	a li	imited liability company is not organized under the la	ws of th	۶ م	State of Flori	ida itichara	hu confi	rmad ti	nat after the
chan agen	ge t v	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members	e registe: ability c	red con	office and i apany, it is b	the business bereby confi	office of	f the reg t the ch	gistered ange(s)
		cles of organization or the operating agreement of the				•		•	
		Matthew Blough	<u>M</u>	lat	thew Blo				
		ture of a member or authorized representative of a member	waa ta a	:		Printed or typed		•	la
the c	iși bli ere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	ree to ac perform d for in hereby (ct i nar Cł con	n this capac ice of my du apter 605, i ifirm that th	ity. I further ities, and I a F.S. Or, if the limited liai	r agree to m familio his docum bility con	o compl ar with nent is l npany h	ly with the and accept being filed nas been
Sign	atus	re of Registered Agelu							

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