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Division of Corporations

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From:

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LLC REGISTERED AGENT CHANGE AEROSPACE TRACKING SYSTEMS LLC

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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

Floria			E	NZINIO CVOTI			
1. N	ame of the limited liability company: AEROSE	JAC	EIRAC	KING SYSTI		› LLC	
2. (a)	27 RIBERIA ST Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SUITE A SAINT AUGUSTINE, FL 32084		(b) 27 RIBERIA ST				
,			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SUITE A				
			SAINT AUGUSTINE, FL 32084				
	02/17/21		L210000	081198			
3.	Date of filing/registration in Florida	— 4.		Document number		******************	
5 (5)	MICHAEL W BOLES						
5. (a		Registered Agent and Registered Office shown on the records of the Florida Dept. of State.					
	27 RIBERIA ST	27 RIBERIA ST					
	Registered Office Address (MUST BE FLORIDA STREET	•					
	SUITE A	_					
	SAINT AUGUSTINE .F	- -					
(b)	Registered Agents Inc.	,	21 H				
	Enter name of NEW Registered Agent and/or NEW Registere	address:	· ····	. HAY			
	7901 4th St N			······································	12 A		
	NEW Registered Office Address:			و-آ ۱۰ ريد	AH III		
	STE 300			- 27 P	: 12		
	St. Petersburg	_L 337()2	_	. •		
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re- liability of the luck limited	gistered office company, it is imited liability	e and the business offices hereby confirmed that y company or as otherwapany.	e of the the charise pro	registered ange(s)	
Sign	nature of a member or authorized representative of a member			Printed or typed name of si	gnee		
provi. the ol to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet pligations of my position as registered agent as provid rely reflect a change in the registered office address, a ed in writing of this change.	gree to d le perfoi led for it I hereby	nct in this capermance of my a n Chapter 605 confirm that	acity. I further agree to duties, and I um familio 5, F.S. Or, if this docun the limited liability con	o compl ir with a ent is l apany h	ly with the and accept being filed aas been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

- Assistant Secretary

Bill Havre

Signature of Registered Agent