## L21000233128

(Requestor's Name)					
(Address)					
,					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
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## COVER LETTER

то:		istration Section ision of Corporations		• •		
SUBJ	ГСТ·	DMB Aircraft Services				
3000	LCI.	Name of Limited Liability Company				
Dear S	Sir or N	Madam:				
The cr	iclosed	d Registered Agent/Registered Offi	cc Change and	fee(s) are submitted for tiling.		
Please	returr	all correspondence concerning thi	s matter to the f	ollowing:		
Derick	Swane	epoel				
		Name of Person				
DMB A	Aircraf	t Services				
		Firm/Company	<del>.</del>	<del></del>		
2080 S	W 151	st Terrace				
		Address		<del>_</del>		
Sunrise	2. FL 3	3326				
		City/State and Zip Code		_		
derick(	@dmba	av.com				
F	E-mail	address: (to be used for future annual	ual report notifi	cation)		
For fu	rther in	nformation concerning this matter,	please call:			
Derick	Swand		954 at (	8924331		
		Name of Person		Area Code & Daytime Telephone Number		
	Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	losed is a check for the following	amount:			
	■ \$25 Filing Fee □ \$55 F			5 Filing Fee & Certified Copy		

## 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.

2. (a)	2080 SW 151st Terrace Sunrise, FL 33326	(b) <sup>2</sup>	2080 SW 151st Terr Sunrise, FL 33326
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
			L21000233128
3.	Date of filing/registration in Florida	- <sub>4.</sub> -	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
5. (a)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS, INC.	the Florida Do	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET		
	476 RIVERSIDE AVE.		رم
	Jacksonville, FI	32202	TALLA JU
(L)			L 3C
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	SS: STEP OF TT
	Derick Swanepoel		FILED  MASSEE. FLORIUM  TALLATIASSEE. FLORIUM
	NEW Registered Office Address:	(S) 6	
	2080 SW 151St terr		
	Sunrise FI	33326	
change agent v was/w	inned hability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered of ability compositions of the limite dimited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	pertormano	e of my duties, and I am familiar with and accept
Signati	In of Registered Agent		