121000299451

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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JUL 07 2021 I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/06/2021		₩WALK IN**
ENTITY NAME Top Fligh	nt Investment Group LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy Certified Copy Certificate of Status	
P2	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		_ _
TOTAL OWED \$25.00	ACCOUNT #: 120160000072	
Please call Tina at the	e above number for any issues or concerns. Thank you so	much!

COVER LETTER

Division of Corporations	
Top Flight Investment Group LLC SUBJECT:	
N	lame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
LEANA GUZMAN	
Name of Person	
ZenBusiness Inc.	
Firm/Company	
5511 Parkcrest Dr., Suite 207	
Address	
Austin TX 78731	
City/State and Zip Code	e
FULFILLMENT@ZENBUSINESS.COM	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter	er, please call:
LEANA GUZMAN	844 493-6249 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ing amount:
■ \$25 Filing Fee	☐ \$55 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.

1. N	ame of the limited liability company:TOP FLIGHT IN	IVESTM	ENT GROUI	P L.L.C			
2. (a)	1845 NORTHWEST 187TH TERRACE		(b) 1845 NORTHWEST 187TH TERRACE				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MIAMI GARDENS, FL 33056	_	MIAMI C	GARDENS, FL 33056			
	06/29/2021		L21000299	0651			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of PHILLIPS, EDWARD	the Flori	da Dept. of Sta	te:		2021 Jac	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	•	Ę	ourse)	
	1845 NORTHWEST 187TH TERRACE			:		F	(::842m (::942m
	MIAMI GARDENS	33056		- 5. - 9.		6 AM	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Austin O Nightengale			 :-		9: 21	<u> </u>
	NEW Registered Office Address:			_			
	1845 Northwest 187th Terrace						
	Miami Gardens. , FI	L_33056		_			
change agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the registe ability of the li	e State of Fl red office an company, it i mited liabilit	nd the business office of is hereby confirmed that the company or as other	of the at the	regist chan	ered ge(s)
	/s/ Austin O Nightengale Austin O Night						
_	iture of a member or authorized representative of a member		·	Printed or typed name of			
provis the ob to mer	by accept the appointment as registered agent and agions 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 d'in writing of this change.	rce to ac perform d for in hereby (et in this cap nance of my Chapter 60, confirm that	acity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co	to co iar w imeni impai	mply v ith and t is bei ny has	vith the d accept ng filed been
•	ustin O Nightengale						
Signati	ire of Registered Agent						