

L21000477737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. HORNE

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TALLAHASSEE, FLORIDA



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 APR 21 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FL

March 25, 2022

JOHNNY ERVIN MATTHEWS
10168 MEADOW POINTE DR
JACKSONVILLE, FL 32221 US

SUBJECT: WHEELS UP TRANSPORTAION LLC
Ref. Number: L21000477737

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 022A00007062

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHEELS UP TRANSPORTAION LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHNNY ERVIN MATTHEWS

Name of Person

WHEELS UP TRANSPORTAION LLC

Firm/Company

10168 MEADOW POINTE DR

Address

JACKSONVILLE FLORIDA 32221

City/State and Zip Code

matthewsjohnny340@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHNNY MATTHEWS

904 7131234
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 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. Name of the limited liability company: WHEELS UP TRANSPORTAION LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

10168 MEADOW POINTE DR

JACKSONVILLE FLORIDA 32221

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

11/04/2021

L21000477737

3. Date of filing/registration in Florida

4. Document number

5. (a) RILEY PARK

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3030 N ROCKY POINT DR Ste 150A

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

TAMPA

, FL 33607

(b) JOHNNY ERVIN MATTHEWS

Enter name of NEW Registered Agent and/or NEW Registered Office address:

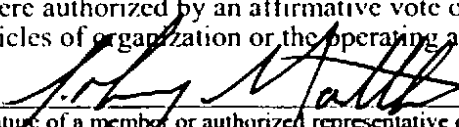
10168 MEADOW POINT DR

NEW Registered Office Address:

JACKSONVILLE

, FL 32221

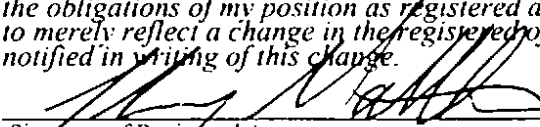
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

JOHNNY E MATTHEWS

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

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2022 APR 21 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA