

L21000500181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

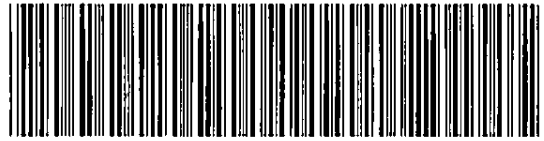
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2025 MAY -8 PM 4:33
FILING OFFICE

cf 7/8/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AERPIN US 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:

JACQUELINE DARR

Name of Person

AERPIN US LLC

Firm/Company

3740 WEST 104TH STREET, SUITE 16

Address

HALEAH, FL 33018

City/State and Zip Code

jackie.fernandez@aerpin.com

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

For further information concerning this matter, please call:

JACQUELINE DARR

305

394-6503

Name of Person

at (

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

INH518 (2/14)

* UNSIGNED COPY ATTACHED SIMPLY FOR
READABILITY,

**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: AERFIN US LLC

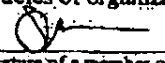
2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>3740 WEST 104TH ST, SUITE 16</u> <u>HALEAH, FL 33018</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>3740 WEST 104TH ST, SUITE 16</u> <u>HALEAH, FL 33018</u>
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3. <u>11/23/2021</u> Date of filing/registration in Florida	4. <u>L21000500181</u> Document number
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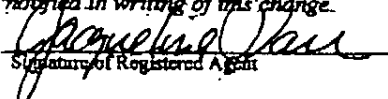
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
JACQUELINE DARR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2125 BISCAYNE BLVD,
MIAMI, FL 33137

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
JACQUELINE DARR:
NEW Registered Office Address:
3740 WEST 104TH ST, SUITE 16
HALEAH, FL 33018

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	<u>STEVEN AIDES</u> Printed or typed name of signer
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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

2025 MAY -8 PM 4:33

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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1. Name of the limited liability company: AERFIN US LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3740 WEST 104TH ST, SUITE 16

HIALEAH, FL 33018

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3740 WEST 104TH ST, SUITE 16

HIALEAH, FL 33018

11/23/2021

L21000500181

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JACQUELINE DARR

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

2125 BISCAYNE BLVD,

MIAMI, FL 33137

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

JACQUELINE DARR

NEW Registered Office Address:

3740 WEST 104TH ST, SUITE 16

HIALEAH, FL 33018

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STEVEN ADES

Signature of a member or authorized representative of a member

Printed or typed name of signee

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**