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COVER LETTER

Name of Limited Liability Company Dear Sir of Madami: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: DACQUELINE DARR. Name of Person AERPIN USTLC Firm/Company 3740 WEST 104TH STREET, SUITE 16 Address HIALEAH, FL 33018 City/State and Zip Code ackie-fernandez@aerfin.com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: IACQUELINE DARR Name of Person Area Code & Daytime Telephone Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$255 Filing Fee & Certified Copy		001,222	
Name of Limited Liability Company Dear Sir or Madami: The onclosed 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 USILIC Firm/Company 3740 WEST 104TH STREET, SUITE 16 Address HIALEAH, FL 33018 City/State and Zip Code jackie-fernandez@arrfin.com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR Name of Person Maßling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$255 Filing Fee City/State and Zip Code Street Address: Registration Section Division of Corporations The Centre of Tallahassee. 2415 N. Monroe Street, Suite Tallahassee, FL 32303			P: Registration Section Division of Corporations
Name of Limited Liability Company Dear Sir of Madami 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 USTLIC Finn/Company 3740 WEST 104TH STREET, SUITE 16 Address HIALEAH, FL 33018 City/State and Zip Code jackie-fernandez@aerfin.com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR Name of Person Area Code & Daytime Telephone Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Encitosed is a check for the following amount: \$255 Filing Fee Control of Tallahassee, FL 32303			AERFIN US LLC
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 USILC Firm/Company 3740 WEST 1047H STREET, SUITE 16 Address HIALEAH, FL 33018 City/State and Zip Code jackie-fernandez@aerfin.com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR 305 Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$\$25 Filing Fee & Certified Copy	ny.	ame of Limited Li	
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Name of Person AERPIN USILC Firm/Company 3740 WEST 1047H STREET, SUITE 16 Address HiALEAH, FL 33018 City/State and Zip Code jackie-fernandez@arrfin.com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR 305 Name of Person Area Code & Daytime Telophone Maffling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$255 Filing Fee & Certified Copy	nitted for filing.	ffice Change and	e enclosed Registered Agent/Registered C
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City/State and Zip Code jackie-fernandez@agrifu.com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR Name of Person Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$225 Filing Fee City/State and Zip Code Apparature annual seport notification) 394 6503 Area Code & Daytime Telephone Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303			40 WEST 104TH STREET, SUITE 16
City/State and Zip Code jackie-fernandez@arrfin.com E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR 305 Name of Person Area Code & Daytime Telephone Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enctosed is a check for the following amount: \$225 Filing Fee C \$55 Filing Fee & Certified Copy			Address
E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR 305 Name of Person Name of Person Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$225 Filing Fee Lactor of Tallahassee Centified Copy \$255 Filing Fee & Certified Copy			ALEAH, FL 33018
E-mail address: (to be used for future annual seport notification) For further information concerning this matter, please call: JACQUELINE DARR 305 Name of Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: \$255 Filling Fee \$305 394-6503 Area Code & Daytime Telephone Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303			City/State and Zip Code
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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:

Principal office address of timited liability company: (Note: MUST HE STREET ADDRESS) 3740 WEST 104TH ST, SUITE 16 HIALEAH, FL 33Q18 11/23/2021 Date of filing/registration in Florida 4. Registered Agent and Registered Office shown on the records of the Florid JACQUELINE DARR Registered Office Address MUST BE FLORIDA STREET ADDRESS 2123 BISCAYNE BLVD, MIAMI , FL 33137 Enter name of NEW Registered Agent and/or NEW Registered Office at JACQUELINE DARR: NEW Registered Office Address 3740 WEST 104TH ST, SUITE 16 HIALEAH , FL 33018 mited liability company is not organized under the laws of the or changes are made, the Florida street address of the registered ill be identical. Or, in the case of a Florida limited liability of the registered ill be identical. Or, in the case of a Florida limited liability company is not organized under the laws of the registered ill be identical. Or, in the case of a Florida limited liability company is not organized under the laws of the or changes are made, the Florida street address of the registered ill be identical. Or, in the case of a Florida limited liability company is not organized under the laws of the organized under the laws of the registered ill be identical. Or, in the case of a Florida limited liability organized under the laws of the registered ill be identical.	2025 HAY -8 PH
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eles of organization or the operating agreement of the limited	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) mited liability company of as otherwise provided in
\	EVEN ADES
nre of a member or authorized impresentative of a member	Printed or typed stance of signee.
y accept the appointment as registered agent and agree to accept of all statutes relative to the proper and complete perform gations of my position as registered agent as provided for in the reflect a change in the registered office address. I hereby conviting of this change.	I hi this connective I finither come to commit with the
gyof Rogistered A gent	sance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been

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

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: AERFIN US LLC						
2. (a)			o)				
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address (Note: MAY)			
	3740 WEST 104TH ST, SUITE 16		3740 WES	ST 104TH ST,	SUITE I	16	
	HIALEAH, FL 33018		HIALEAH	I, FL 33018			
	11/23/2021		L21000500	181			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)							
, (a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	– e:			
	JACQUELINE DARR			_		2	
	Registered Office Address (MUST BE FLORIDA STREET.) 2125 BISCAYNE BLVD,	<u>ADDRES!</u>	<u>S)</u>		-::.	2025 HAY	ď.
	MIAMI , FL	33137		- -		. 1-8	
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(b)	Enter name of NEW Registered Agent and/or NEW Registered	()97		_	1.41	PM 1₁:	T to the
	Enter name of MEW Registered Agent and/or MEW Registered	Office au	iuress.			ယ	
	JACQUELINE DARR						
	NEW Registered Office Address:	-		_			
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	HIALEAH	33018					
change agent was/w che art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registere ability co of the lim limited l	ed office and ompany, it is nited liability	d the business s hereby confi y company or npany.	office irmed th	of the i	registered change(s)
Signa	ature of a member or authorized representative of a member			Printed or type	d name o	f signee	
provis the ob to mer	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by the change in the registered office address, I have in writing of this change.	ee to act perform d for in (hereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I furthe duties, and I d i, F.S. Or, if t the limited lia	er agree um fami his docu bility co	to con liar wit ument t ompany	nply with the th and accept is being filed y has been
Signati	ure of Registered Agent						