L22000065246

(Requestor's Name)				
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(Document Number)				
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LLC RARRO Change

A. RAMSEY AUG 21.2024



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/19/2024	
Name:	Patrice Rush	
Reference	e #: 2464103	_
Entity Nar	me: MID-ATLANTIC	AVIATION III, LLC
☐ Art	ticles of Incorporation/Authorization	to Transact Business
☐ Am	nendment	
✓ Ch	ange of Agent	
☐ Re	instatement	
☐ Co	nversion	
□ Ме	erger	
Dis	ssolution/Withdrawal	
Fic	ctitious Name	
Oth	her	
Authorize	ed Amount: \$25.00	
Signature	· Pull	

F: 800.944.6607

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	Name of the limited liability company: MID-ATLANTIC		LANTIC AVIATION III, LLC
2. (a)	no change	_ (b)	no change
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2/17/2022		L22000065246
3.	Date of filing/registration in Florida	- _{4.}	Document number
	DEDDEN DAVID U		
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dep	n, of State:
		•	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	11600 NINTH ST N		
	ST. PETERSBURG	3371	2004 AUG 20 PH 12
			Sir P
(b)	Cogency Global Inc.		7
,	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered of NEW	Office address	<u> </u>
	AAT Aladh Callagus Charak Cuika A		, ,
	115 North Calhoun Street, Suite 4 NEW Registered Office Address:	•	
	registere vittee radies.		
	Tallahassee , FL	3230	<u>1</u>
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registere bility comp f the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	/s/ David Redden		David Redden
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the oh to mer	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to act in t performance I for in Chap pereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
	/s/ Michael Carlisle		

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

Michael Carlisle, Assistant Secretary

Signature of Registered Agent