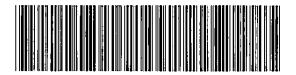
L2200094614

(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:

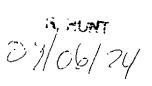
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: True Wingman Aircraft Name of Lir	4 Services, LLC
U Name of Lir	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Fric Johnson Name of Person	
True Vingman Arast Se Firm/Company	rviza UC
4634 SE DRYFUS AVE Address	
STUAILI FL 34997 City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Eric Johnson at (410) 336 - 3537 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 amoun	t:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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: True Wingson Aircraft	4 Services LLL
2. (a) 4634 SE Dryhis Ave (b) 221	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Start, FL 34997 Un	t East thousandle, FL 3328
3. Date of filing registration in Florida 4.	2000 946/4 Document number
5. (a) Spiegel & Office shown on the records of the Florida Dept. of State	
1840 Sw J2ND ST. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4th Floor	
4th Floor MIAMI, FL 33145	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:	. J
Erie Johnson NEW Registered Office Address: 4634 SE Dryfus Ave	5 PH 2: 02
Stuat , FL 34997	
If the limited liability company is not organized under the laws of the State of Flo change or changes are made, the Florida street address of the registered office and agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization of the operating agreement of the limited liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
- /1// Liù	Johnson
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my dependent the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address. I hereby confirm that to notified in writing of this change. Signature of Registered Agent.	city. I further agree to comply with the

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