## Division of Corporations

## Florida Department of State

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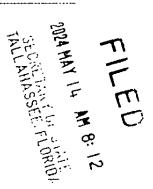
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206



で告Email Address:\_

\*\*Epter the email address for this business entity to be used for future  $\omega_{C}^{\frac{\pi}{2}}$ annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE **BEACHWOOD AVIATION LLC**

Certificate of Status	0
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## 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: BEACHWOOD AV	/IATION LLC	
2. (a)		(b)	
(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/13/2022	L22000226	
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 St	ate:
	476 RIVERSIDE AVE.		— .a
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	TALLAHASSI TALLAHASSI
	JACKSONVILLE, FL	32202	影響
(b)	Registered Agents Inc		ms = -
(5)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	8: 12 FLORID
	7901 4th St N		2.
	NEW Registered Office Address:		<del>_</del>
	STE 300		
	St. Petersburg	33702	<u></u>
the ch agent was/w	limited liability company is not organized under the lay 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 registered offi ability company, it of the limited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in
But	Control of the Control	Robin Jones	
_	nuic of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided live in the registered office address, I is discussed in the registered office address, I is discussed in the registered office address, I is discussed in writing of this change.	ree to act in this ca performance of m d for in Chapter 6 hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	David Roberts - Assistant Se	ecretary	
Signati	ite of Registered Agent		