Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		_	

LLC REGISTERED AGENT CHANGE JUPITER AIRLINE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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DEC 0 5 2023

K. Brumbley

INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	
Jupiter Airline Services, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	eter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amor	unt:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

15129570210

H23000413672 3

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.

(a)	2780 SKYPARK DRIVE, SUITE 300		(b) 2780 SK	YPARK D	RIVE, SU	HTE 3	00	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	TORRANCE, CA 90505		TORRA	NCE, CA 9				
	2/17/1982		L23000135	9449				
	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Docume	ent numbe	er		
(a)	Registered Agent and Registered Office shown on the record 1201 HAYS STREET	ls of the Flor	ida Dept, of Sta	 nte:				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>(SS)</u>	_				
	TALLAHASSEE	, FL_32301	-2525	_				
(b)	Registered Agent Solutions, Inc.			_			20	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office	address:				23 DI	,
	2894 Remington Green Ln.				-	•	1023 DEC −4	<u>-</u>
	NEW Registered Office Address:							
	Ste. A						7	
						•		
	Tallahassee	, FL 32308					යා	
	imited liability company is not organized under the or changes are made, the Florida street address of	e laws of the registed liability	he State of Fered office a company, it imited liabil	nd the bus is hereby ity compa	siness offi confirme	ice of d that	the rep t the ch	gistered angc(s)
iange gent v as/we	will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member cles of organization or the operating agreement of	the limite	d liability co	mpuny.				
iange gent v as/we e arti	ere authorized by an affirmative vote of the member	the limite	d liability co awrence Sam		Autl	horiz	ed Si	gner
iange gent v as/we ie arti <u>s/</u> Signa	ere authorized by an affirmative vote of the member icles of organization or the operating agreement of	the limited L	awrence Sam	uels Printed o	or typed nam	ne of s	ignee	

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent