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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

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## LLC REGISTERED AGENT CHANGE ACME AEROSPACE HOLDING COMPANY LLC

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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.

(a)		(b)	
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/01/2023		00213751
	Date of filing/registration in Florida	4.	Document number
(a)	FLORIDA REGISTERED AGENT LLC		<del></del>
	Registered Agent and Registered Office shown on the rec	ords of the Florida Dept,	of State:
	7901 4TH ST N		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	300		
	ST PETERSBURG	FL_ <sup>33702</sup>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> 7901 4th St N	gistered Office address:	2023
	NEW Registered Office Address:		<u>_</u>
	STE 300		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	St. Petersburg	. FL	PH 4:
cha nt v s/we	imited liability company is not organized under ange or changes are made, the Florida street addivill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menucles of organization or the operating agreement	ress of the registered nited liability comparabers of the limited l of the limited liabili	d office and the business office of the regist ny, it is hereby confirmed that the change(s liability company or as otherwise provided ity company.
フ		AODIT JOH	L.3
フ	ture of a member or authorized representative of a member		Printed or typed name of signee

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

- Assistant Secretary

David Roberts

Signature of Registered Agent