L 23 000 586 896

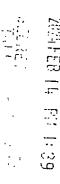
(Requ	uestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to Filing Officer:						

Office Use Only



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02.14/24--01011--006 **25.00



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 Stanttes, 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.

Nai	me of the limited liability company:AEROJONES AV	/IATIO	N USA	VLLC	
	39514 AVIATION AVE		(b) 39514 AVIATION AVE		
(α) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	of limited liability company: BE POST OFFICE BOX)
	ZEPHYRILLS, FL 33542	_	ZE	EPHYRILLS, FL 3354	2
	12/19/2023		1.23	000556896	
(0)	Date of filing/registration in Florida FAROOQUI, ABID	4.		Document n	
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 39514 AVIATION AVE			ot, of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>:SS)</u>		11 PP 11
	LAKELAND, FI	33542	 ? 		39
(b)	FAROOQUI, ABID Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u></u>	
	39514 AVIATION AVE				
	NEW Registered Office Address:				
	ZEPHYRILLS	L	2		
hang gent 'as/w ne art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registiability of the	terea c ' comp limite	office and the busines bany, it is hereby con d liability company (firmed that the change(s)
,	ature of a member or authorized representative of a member			FAROOQUI	
				7.	ned name of signee
rovis he ob o mei	aby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide vely reflect a change in the registered office address, I ad in writing of this change.	gree to e perfo ed for i Thereb	act in rmanc in Cha v confi	this capacity. I further of my duties, and lepter 605, F.S. Or, if irm that the limited l	her agree to comply with the am familiar with and accep this document is being filed iability company has been

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

Signature of Registered Agent

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	AEROJONES AVIATION USA	LLC				
auba	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.			
Please	e return all correspondence concerning	this matter to the	following:			
PHILI	P WHITING					
	Name of Person					
LAKE	ELAND ACCOUNTING & TAX LLC		~،			
	Firm/Company					
3488	HILSON DR					
-	Address					
LAKI	ELAND, FL 33812					
	City/State and Zip Cod	le	115			
PHIL.	@LAKELANDACCOUNTING.NET					
	E-mail address: (to be used for future	annual report notif	ication)			
For fi	urther information concerning this mat	ter, please call:				
PHIL	IP WHITING	863 at (899-9000)			
	Name of Person		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 follow	ring amount:				
	■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy			