

M0000000000687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

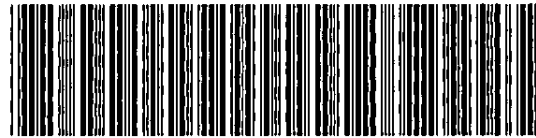
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/13--01004--010 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 MAY 22 AM 11:17
NO. ATTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 MAY 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 23 2013

EXAMINER

CORP DIRECT, AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: MICHELE HOLDEN

DATE: 05/22/2013

REF. #: 8776195

CORP. NAME: CAMBATA AVIATION INTERNATIONAL, LLC

☐ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION
☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME
☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY
☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL
☐ CERTIFICATE OF CANCELLATION
(XX) OTHER: CHANGE OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK 70002827 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

☐ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: CAMBATA AVIATION INTERNATIONAL, LLC

2. (a) Principal office address of limited liability company: 100 STARPORT WAY
SANFORD, FL 32773
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 100 STARPORT WAY
SANFORD, FL 32773
(Note: MAY BE POST OFFICE BOX)

04/07/2000

3. Date of filing/registration in Florida

M00000000687

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Fulkrod, Teresa A

Registered Office Address:

100 STARPORT WAY
SANFORD, FL 32773

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI SERVICES, INC.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Roscoe C. Armstrong
Signature of a member or authorized representative of a member

ROScoe C. ARMSTRONG
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: NRAI Services, Inc.
Signature of Registered Agent

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

INH518 (05/08)