## M0500000123

(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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J. LEGGETT APR 1 3 2018

## 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.	Na	me of the limited liability company: AIRPORT MANA	GEMEN	T SERVICES, LL	С	
2.	(a)	One Meadowlands Plaza Suite 900				
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (/	Mailing a	ddress of limited liability company:  MAY BE POST OFFICE BOX)	
			_	ONE MEADOW	LANDS PLAZA SUITE 900	
		East Rutherford N. 07073	EAST RUTHERFORD, NJ 07073			
		01/07/2005	_	M05000000123		
3.		Date of filing/registration in Florida	4.	Docum	nent number	
5.	(a)	C T CORPORATION SYSTEM				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			25 <b>29</b>	
					SECTION SECTIO	
		PLANTATION , FL	33324		2010 APR 13 SEUTHASS	
		7			SSITE SSITE	
1	(b)	Corporation Service Company			<b>罗星</b>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Or</u> 1201 Hays Street			fice address:		
					ED MI: 16 SEE.FLORID	
					**	
		NEW Registered Office Address:				
		Tallahassee , FL	32301			
the age was	cha nt w s/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of clessof organization or the operating agreement of the liability of the liabi	he regist pility cor the limi	ered office and th npany, it is hereby ted liability comp	ne business office of the registered y confirmed that the change(s)	
	ianat	ure of a number or authorized representative of a member	Jill C	ilmi, Authorized P	erson or typed name of signee	
		( )	a ta aat			
pro the to r not	visi obli nere ifiec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.  The of Registered Agent Corporation Service Company	erforma for in C ereby co	nce of my duties, hapter 605, F.S. on that the limit	Jurther agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been sst. Vice President	
Sig	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Division of Corporations & P.O. Bo		•		