M05000002396

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





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SECRETALY OF STALLAHASSEE, FLORIDA

DEPARTMENT OF A 11: 46 16 JUN 15 PH 2: 35

WAT THE PROOF

June 15, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10049013 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

PIEDMONT HAWTHORNE AVIATION, L.L.C. (DE)

Change of Agent

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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	ame of the limited liability company: PIEDMONT HAV	WTHO	RNE AVIATIO	ON, LLC				
2	(a)		((b)					
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)						
		201 S ORANGE AVE, STE 1100							
		ATTN: TAX DEPARTMENT ORLANDO, FL 32801	_						_
		05/05/2005		M05000002	396				
3.		Date of filing/registration in Florida	4.		Docume	nt numb	er .		_
5	(a)	NATIONAL CORPORATE RESEARCH,LTD.,INC.							
5. ((a)	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. of State	- e:				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-				
		115 NORTH CALHOUN ST. SUITE 4							
		TALLAHASSEE, FL	32301		-				
					-				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-				
		Enter faile of the Wittendered Machine and of the Wittendered	Omet g	(401 4 35)			201		
		C T Corporation System				A T	2016 JUN		
		NEW Registered Office Address:			-	ASS		gi sumani	
		1200 South Pine Island Road				 (1) + ζ (1) - ζ	55	thra.meti ii.	
					-		\triangleright	ا بر الم دي را ال	
		Plantation , FL	33324			FLORID	A II: I₁	النا	
the ag	ent v ent v is/we arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of igles of organization or the operating agreement of the	the reg ability of the li limited Mo	gistered office company, it i mited liabilit I liability con elissa Nolan	e and the s hereby y compar npany. Printed o	s hereby business confirme ny or as c	confirm office d that to therwi	of the registe he change(s) se provided in	red n
, <i>no</i> ': C	T C	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in whing of this change. Angel Sheare of Registered Agent	? Γ	mance of my 1 Chapter 602 confirm that	duties, år 5, F.S. O. the limite	nd I am f r, if this ed liabili	amiliar docume ty comp	with and accept is being fi any has been	ept led 1

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