## M0500000 2396

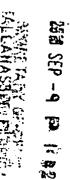
(Requestor's Name)  (Address)  (Address)									
					(City/State/Zip/Phone #)				
					(Business Entity Name)				
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
}									

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 5, 2019

Order#: 905708-141

Re: PIEDMONT HAWTHORNE AVIATION, L.L.C.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA . XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparable submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. N	ame of the limited liability company: PIEDMONT HA	WTHORNE A	VIATION, LLC
2. (a)	201 South Orange Avenue, Suite 1100	(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando FL 32801		
	05/05/2005	M05	000002396
	Date of filing/registration in Florida	4.	Document number
(a)	C T Corporation System		
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. c	of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRFSS	<del></del>
		<u>======</u>	
			<del></del>
	Plantation , FL	33324	
(b) .	Corporation Service Company		SEP SEP
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	
	1201 Hays Street		
	NEW Registered Office Address:		\$200 AND
	Tallahassee		
	, FL	32301	<del></del>
ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab reacthorized by an affirmative vote of the members of cless of organization or the operating agreement of the limits.	ne registered o oility company, the limited lial mited liability	ffice and the business office of the register, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
ignati	re of a nember or authorized representative of a member	Jill Cilmi, Au	uthorized Person
iereb ovisić obli merei	accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered affice address. I he in writing of this change.	to act in this errormance of for in Chapter reby confirm to	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and acceed 605, F.S. Or, if this document is being file that the limited liability company has been
nature	of Registered Agent Corporation Service Company	BY: Ami M. (	Casper Asst Vice President

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