

105000005627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

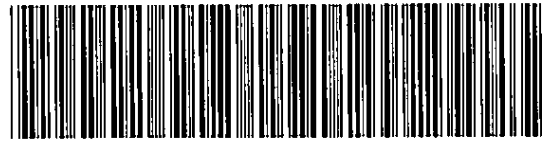
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800374347608

10/21/21--01022--002 **25.00

FILED
2021 OCT 21 AM 10:50
CLERK OF STATE
JULIE A. BROWN

A. BUTLER

NOV 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM AEROSPACE, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles C. Jones, II Esq.

Name of Person

Jones, Haber & Rollings

Firm/Company

1633 SE 47th Terrace

Address

Cape Coral, Florida 33904

City/State and Zip Code

jones@joneshaberlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Cirillo

at (239) 542-0700

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 following amount:

<input checked="" type="checkbox"/> \$25 Filing Fee	<input type="checkbox"/> \$30 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55 Filing Fee & Certified Copy	<input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

SECTION I (1-4 must be completed)

2021 OCT 21 AM 10:50

1. Name of limited liability Company as it appears on the records of the Florida Department of _____
State: PALM AEROSPACE, LLC DEPT. OF STATE
TALLAHASSEE, FL

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M05000005627

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: October 6, 2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Kevin C. Miller

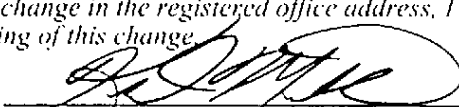
New Registered Office Address: 1815 Southwest 30th Street

Enter Florida Street Address

Cape Coral, Florida 33914
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

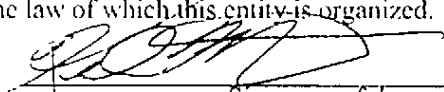

If Changing Registered Agent, Signature of New Registered Agent

- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Richard Ching	4313 NW 33 Street	<input type="checkbox"/> Add
		Cape Coral, Florida 33993	<input checked="" type="checkbox"/> Remove
MGRM	Sharon L. Ching	4313 NW 33 Street	<input type="checkbox"/> Add
		Cape Coral, Florida 33993	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Kevin C. Miller

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

PALM AEROSPACE, LLC

Organizational Documents on File	Filing Date
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I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, PALM AEROSPACE, LLC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/18/2005, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/18/2021

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202110182079162
You may verify this certificate
online at <http://www.nvsos.gov>