## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000029770 3)))



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Email Address: accounting@immaculateflight.com

LLC REGISTERED AGENT CHANGE IMMACULATE FLIGHT, LLC

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**T. HAMPTON** 2/3/2012

## Fax Audit#: H120000 297703

## "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: IMMACULAT	E FLIGHT, LLC
2. (a) Principal office address of limited liability company	5500 44th St. SE, Suite 101
(Note: MUST BE STREET ADDRESS)	Grand Rapids, Michigan 49512
(b) Mailing address of limited liability company:	5500 44th St. SE, Suite 101
(Note: MAY BE POST OFFICE BOX)	Grand Rapids, Michigan 49512
1/17/2007	M07000000314
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	LOGAN, BRETT
Registered Office Address:	240 AVIATION DRIVE NORTH SUITE 200 NAPLES FL 34104 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address:  C T Corporation System  1200 South Pine Island Road,
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited
72 #	· 워크
Signature of a member or authorized representative of a member	
Brett Logan, Member	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the program of an am familiar with and accept the obligations of my post chapter 508, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties it it in a registered agent as provided for in ely reflect a change in the registered affice has been notified in writing of this change.
Strukthlan Registered & gent	
Mark Williams, AVP, C T Corpor Division of Corporations, P.O. Box 632 FILING FEE: \$2	27, Tallahassee, FL 32314

INHS18 (05/08)

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