M07000002618

(R	equestor's Name)	
(Ai	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to	Filing Officer:	
	. <u> </u>	

Office Use Only



900330175689

08/03/19--010(2--000 ++20.60

2019 JUH - 3 PH 1: 40

C. GOLDEN JUN 21 2019

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Perry Bromers triation fuels, LCC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Tea Hamilton Name of Person		
Wetnerington Hamilton, DA. Firm/Company		
812 W. DV. MCKJY. BIVOL, SUHLICI Address		
Tampa, fr. 33 w03 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jessica Zeny at (813) 225-1918 EXT:117		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS: Pagintenting Section		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

I. Na	ame of the limited liability company: Perry Bromers Aviation (vels, Luc
2. (a)	·
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	125 US HWY. 280 West PO Box 469
	AMERICUS, GA 31719 AMERICUS, GA 31709
	05/04/2007 M070000024218
3.	Date of filing/registration in Florida 4. Document number
5. (a)	
(/	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1010 N. Francia Ave.
	Tampa , FL 33 LOC3
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	wetnerington Hamilton, P.A. == =
	NEW Registered Office Address:
	812 W. Dr. MUKUr. BNOL, SNITE 101
	Tamp9 , FL 331003
If the lithe cha	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
the arti	1// 1// 1// 1// 1// 1// 1// 1// 1// 1//
Signa	ture of a member or authorized representative of a member David P. Perry Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed elyreflect a change in the registered office address, I hereby confirm that the limited liability company has been a full of this change.
Signatu	re of Registered Agent