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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	s of Status			
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MAY 2 7 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmes1@cscinfo.com

Date: May 12, 2014

Order#: 107782-035

Re: SUPREME AIR, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Anthony Holmes c/o Corporation Service Company 2711 Centerville Road, Suite 400

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 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. N	ame of the limited liability company: SUPREME AIF	R, LLC		
2. (a)		(b	o)	·
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	Ŋ	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	2601 S. Bayshore Dr., #1700		2601 S F	Bayshore Dr., #1700
	***	<del></del>		rayottore on in the control of the c
	Miami, FL 33133	<del></del>	Miami, Fl	
	06/06/2008		'M0800000	02656
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Brail, Neven			
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	X
				100 M
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	2	THE THE PERSON OF THE PERSON O
	2601 S. Bayshore Dr., #1700			
	Miami , FI	3 <u>31</u> 33	1	
(b)				چي پي
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	dress:	PN 3: 42
	1201 Hays Street			o,r.
	NEW Registered Office Address:			
	Tallahassee , FI	32301		
if the l	imited liability company is not organized under the la ange or changes are made, the Florida street address of	ws of the	State of Flo	rida, it is hereby confirmed that after
agent v	will be identical. Or, in the case of a Florida limited li	ability co	mpany, it is	hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the lim	ited liability iability com	company or as otherwise provided in pany.
	EGUAN		en Brail, Ma	-
Signa	ture of a member or authorized representative of a member	-	511 51 511, Title	Printed or typed name of signee
provisi he obi o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the negistered office address, I d in writing of this change we have	ree to act performe d for in C hereby co	in this capa ance of my a hapter 605, onfirm that t	wity. I further agree to comply with the luties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	te of Registered Agent Corporation Service Company	BY: Sy	/lvia Quppe	et, Assistant Vice President

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