## M10000004964

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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2020 APR 16 AM 7: 55

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APR 1.7 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	04/16/2020				
Name:	Chris Vick				
Reference #	1196261				
Entity Name	QUANTEM AVIA	TION SERVICES, LLC			
Articl	es of Incorporation/Authorization	o Transact Business			
☐ Amer	ndment				
✓ Change of Agent					
Reinstatement					
Conversion					
Merger Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Othe	r				
Authorized A	Amount: \$25.00				

## 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: QUANTEM	AVIATION	I SERVICES, LLC
			Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: Maly BE POST OFFICE BOX)
	No Change		o Change
	November 2, 2010		M1000004964
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Corporation Service Company		
J. (W	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	1201 Hays Street	21	
	Registered Office Address (MUST BE FLORIDA STREET AI		2020 APR
	Tallahassee FI	32301-2	525
(b)	COGENCY GLOBAL INC.	23	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres	7: 55
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		<del></del>
	Tallahassee .FI	32301	<del></del>
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	tws of the Sta f the register iability comp of the limited i limited liab	ed office and the business office of the registered eany, it is hereby confirmed that the change(s). I liability company or as otherwise provided in ility company.
e:	ature of a member or authorized representative of a member	Printed or typed name of signee	
I here provis the of to med notifie	why accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change.  Tim Mayville, Assistant Sec	e performanced for in Cha hereby confi	this capacity. I further garge to comply with the

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

INHS18 (2/14)