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Division of Corporations

Florida Department of State

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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OCT 27 2022 K. Brumbley To: , Pags: 3 of 3 2022-10-26 14:57:47 CST 12122023573 From: Lexus Wingo

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.	Na	ame of the limited liability company: Aero Partners LLC				
2.	(a)		(t	n)		
	` '	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	- `	3	Mailing address of limited hability company: (Nate: MAY BE POST OFFICE BOX)	
		11523 Palmbrush Trail, Suite 353		11523 Palmbrush Trail, Suite 353		
		LAKEWOOD RANCH, FL 34202	_	LAKEWOOD RANCH, FL 34202		
		6/20/2013		M13060003	1969	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Tim Ford				
٥.	()	Registered Agent and Registered Office shown on the records of the	ne Florida	a Dept of State	#	
		Registered Office Address	DDRES!	<u>2)</u>		
		LAKEWOOD RANCH, FL	34202		2022	
	41.3	C.T. Corporation System	_		APPRUAN FIL 0022 OCT 27 BUSSIAN IAIT ARASS	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PR	
		NEW Registered Office Address:			SIATS	
		1200 South Pine Island Road				
		Plantation , FL	33324			
the ag wa the	e cha ent v is/wr e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	s of the the regi bility co the lin imited	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.	
_:	ğna	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the	ovisi e obl mere tifiee	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete to igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. CT Corporation System	perform I for in t ereby c	ianve of my Chapter 603 confirm that	acive. I further agree to comply with the duties, and I am familiar with and accept is. F.S. Or, if this document is being filed the limited liability company has been en, Assistant Secretary	
_		re of Registered Agent				