018000000PIM

(F) N1)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Consideration to Filips Officers	
Special Instructions to Filing Officer:	

Office Use Only



600298377256

FILED
17 HAY -9 AM 10: 03
SECRETARY OF STATE

RECEIVED
200 MAI - S MAI G 47





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: May 08, 2017	Account#: 120000000088
Name: Marisa Kugelmann	
Reference #: C018809	
Entity Name: HI-LITE AIRFIELD SERVICES, L	LC
Articles of Incorporation/Authorization to Transact Bus	siness
Amendment	
☑ Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized 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. 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: HI-LITE AIRF	IELD SERVICES, LLC	
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 	18249 HI-LITE DR	
\	ADAMS CENTER, NY 13806	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 460	
(Note: MAT BE FOST OF FILE BOX)	ADAMS CENTER, NY 13806	
February 4, 2014	M1400000810	
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:	Corporation Service Company	
Registered Office Address:		
	Tallahassee, FL 32301-2525	
	Tangridosco, E ozer zoze	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:	
NEW Registered Agent:	COGENCY GLOBAL INC.	
NEW Registered Office Address:	115 North Calhoun St., Suite 4	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,F[_32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the inmited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
Signature of a member or authorized representative of a member		
Kelly J. Spinner VP Finance	_	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proand I am familiar with and accept the obligations of my po. Chapter 605, F.S. Or, if this document is being filed to me. address, I hereby confirm that the limited liability company	3 。 こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ	
Signature of Registered Agent Sean Honan, Assistant Secreta	· 1000 = 0	
Division of Corporations, P.O. Box 6327, Tallahassec, FL 32314		
FILING FEE: \$2	25.00 PAR S	
	ho	