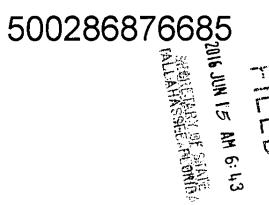
(Re	equestor's Name)		
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PICK-UP	MAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

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06/15/16--01022--023 **25.00

K. SALY EXAMINER JUN 16

June 15, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10049013 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

ROSS AVIATION LLC (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

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:ROSS AVIATIO	N, LLC	
2. (a)	•	(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	201 S ORANGE AVE, STE 1100		
	ATTN: TAX DEPARTMENT ORLANDO, FL 32801		
	06/18/2015	M150000	004881
3.	Date of filing/registration in Florida	- _{4.}	Document number
5. (a)	NATIONAL CORPORATE RESEARCH,LTD.,INC.		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	115 NORTH CALHOUN ST. SUITE 4		As S
	TALLAHASSEE , FL	32301	TILE TILE TILE
	, , ,		- 5 5 C
(b)	Enter name of NEW Registered Agent and/or NEW Registered	05	
	enter name of NEW Registered Agent and/or NEW Registered	Office address:	Es of C
	C T Corporation System		STATE STATE
	NEW Registered Office Address:		_ ~
	1200 South Pine Island Road		<u> </u>
	Plantation	33324	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of igles of organization or the operating agreement of the	ws of the State of the registered of ability company, of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
į	O. Luce H. Jan	Melissa Nolar	1
Signature of a member or authorized representative of a member			Printed or typed name of signee
ποιιμε	by accept the appointment as registered agent and aggions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in whing of this change. Angel Shear to provintion proper to the component of the comp	er	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed hat the limited liability company has been
Signati	are of Kegistered Agent	•	

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