

M15000008416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

17 AUG 21 PM 4:14

FILED

O SIMMONS
AUG 22 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2017

NANCY DAVIS
1013 CENTRE RD
STE 430S
WILMINGTON, DE 19805

SUBJECT: SEVENJET PRIVATE TRAVEL, LLC
Ref. Number: M15000008416

We have received your document for SEVENJET PRIVATE TRAVEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 717A00016316

RECEIVED
2017 AUG 21 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sevenjet Fractional, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Davis

Name of Person

Registered Agents Services, LLC

Firm/Company

1013 Centre Rd Ste 403s

Address

Wilmington, DE 19805

City/State and Zip Code

sdoucette@rudmanwinchell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Davis

Name of Person

800

at ()

400-6650

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: SEVENJET PRIVATE TRAVEL, LLC

2. (a) 40 WYOMING AVENUE (b) SAME

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

BANGOR, ME 04401

10/20/2015

M15000008416

3. Date of filing/registration in Florida 4. Document number

5. (a) CHUCK WHITE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11970 LAKE ALLEN DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LARGO, FL 33773

(b) Registered Agents Legal Services, LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Drive, Suite A

NEW Registered Office Address:

Tallahassee, FL 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 members of the limited 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

JONATHAN P. BENCH

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

MICHAEL N. ASHCY
(Registered Agent's signature)

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

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