## Mllonon 4370

	(Requestor's Name)
	(Address)
	(Address)
	(/((((((())))))))))))))))))))))))))))))
	(City/State/Zip/Phone #)
<b></b>	
PICK-UP	
,,	
	(Business Entity Name)
	(Document Number)
Cartified Capies	Certificates of Status
Certified Copies	
Special Instructions to	5 Fliing Officer.

## 700384052577

2022 ULC: 22 121 PD: 14 2022 HAR 22 AM II: 28 . . 77 .

Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

• • •

7

ACCOUNT	NO.	:	I20000000195
---------	-----	---	--------------

:

REFERENCE : 548579 8363422

AUTHORIZATION :

COST LIMIT

laan

ORDER DATE : March 14, 2022

- ORDER TIME : 9:57 AM
- ORDER NO. : 548579-071
- CUSTOMER NO: 8363422

## CHANGE OF AGENT

NAME: AMERICAN AVIATION SUPPLY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:



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.

Na	me of the limited liability company:	AMERICAN AVIATION SUPPLY LLC					
(a)	1 Skyview Drive	(1	»)				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MD8B503, Corporate Secretary						
	Fort Worth, TX 76155						
	06/02/2016		M160000	04370			
	Date of filing/registration in Florida	4.		Document number			
(a)	C T Corporation System						
()	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Sta	ite:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	2	- 			
	Plantation 33324						
	, I	· L		 			
(b)							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:				
	Corporation Service Company			·			
	NEW Registered Office Address:			— ·			
	1201 Hays Street			_			
	Tailahassee	در 12301		_			
ange ent v is/we	imited liability company is not organized under the l or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the ne register liability co of the lim	ed office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in			
/s/ Jill Cilmi		Jill	Cilmi, Auth	orized Person			
Signature of a member or authorized representative of a member				Printed or typed name of signee			

I nereoy 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. Corporation Service Company

Ami M. Casper, Asst. Vice President

Signature of Registered Agent

۰ , ۰

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