Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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LLC REGISTERED AGENT CHANGE SUMMIT AIR, LLC

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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: Summit Air, LLC			
2. (a)	2645 SOUTH BAYSHORE, APT 802	(b)		
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami, FL 33133	(0)	Mailing address of limited (Note: MAY RE POST	
	11-1-18	M1800	0009868	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
()	Registered Agent and Registered Office shown on the records of to David G. Shannon	the Florida Dept. of	f State:	
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		un-d
	110 SE 6th Street Suite 2600			202
	Fz. Lauderdale , FL	33301		2020 FEB
(b)	C'T Corporation System			27
(-)	Enter name of NEW Registered Agent und/or NEW Registered	Office address:		51
				਼ੌ- ਨੇ 🙇
	NEW Registered Office Address:			= -
	1200 South Pine Island Road			
	Plantation , FL	33324		
the cha agent v	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street of the operating agreement of the	vs of the State of the registered of ability company of the limited lia	of Florida, it is hereby con office and the business off t, it is hereby confirmed the bility company or as othe	ice of the registered at the change(s)
سفائل	as Mckelren &	James McKe	elvey Jr., Manager	
	tire of a prember or authorized representative of a member		Printed or typed name of	•
provisi the obl to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is do not not apply this change.	ee to act in this performance of d for in Chapter hereby confirm	capacity. I further agree my duties, and I am fami 605, F.S. Or, if this doct that the limited trability co	to comply with the liar with and accept ument is being filed ompany has been
By: Signatu	CT Corporation System Laur re of Registered Agent Assist	a Broderick ant Secretary		

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