

Florida Department of State

Divisions
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arnett_2008@yahoo.com

LLC REGISTERED AGENT CHANGE
ARNETT AERO SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARNETT AERO SOLUTIONS, 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:

Alan Arnett

Name of Person

ARNETT AERO SOLUTIONS, LLC

Firm/Company

3510 NW 21ST AVE

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

arnett_2008@yahoo.com

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

For further information concerning this matter, please call:

Kathy Clark

at (800)

567-4397

Name of Person

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

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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. Name of the limited liability company: ARNETT AERO SOLUTIONS, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3510 NW 21ST AVE
Fort Lauderdale, FL 33309
11/13/2018

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3510 NW 21ST AVE
Fort Lauderdale, FL 33309
M18000010206

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

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD., SUITE 36
ORLANDO, FL 32822

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
URS AGENTS, LLC
NEW Registered Office Address:
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312

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 of the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ALAN ARNETT
Printed or typed name of signer

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.

Kathy Clark Kathy Clark, Asst. Secretary
Signature of Registered Agent

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