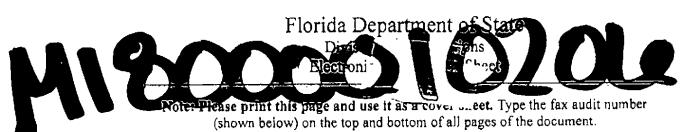
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : 120150000127 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

للمعدور والمداهان معمليتكم أأنام أنجري المعمدمة بجراء للمان جرابي سمم أج سييس سيويريومي بما لعدانيها أك

LLC REGISTERED AGENT CHANGE ARNETT AERO SOLUTIONS, LLC

Certificate of Status	0
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COVER	LET	TER

	stration Section ion of Corporations			
SUBJECT:	ARNETT AERO SOLUTIONS	S, LLC		
JOBJECT.	Name	bility Company		
Dear Sir or M	ladam:			
The enclosed	Registered Agent/Registered Office	e Change and f	ee(s) are submitted for filing.	
Please return	all correspondence concerning this	matter to the fo	ollowing:	
Alan Arnett	!			
· · · · · ·	Name of Person		_	
ARNETT A	ERO SOLUTIONS, LLC			
	Firm/Company		_	
3510 NW 2	21ST AVE			
	Address		-	
Fort Laude	rdale, FL 33309			
	City/State and Zip Code	 	_	
arnett_200	8@yahoo.com			
E-mail (address: (to be used for future annu	ial report notific	ation)	
For further in	formation concerning this matter, ;	olease call:		
Kathy Clari	<	800 at (567-4397	
	Name of Person		Area Code & Daytime Telephone Number	
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Reg Divi P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following amount:				
☑ \$2	25 Filing Fee	□ \$ 5	5 Filing Fee & Certified Copy	

11/10/2020 : 10:54 (FAX) P.003/003

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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 affect or registered agent, or both, in the State of Florida.

I. Na	ame of the limited liability company: ARNETT AE	RO SO	LUTIONS	LLC			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3510 NW 21ST AVE	 `		Mailing address of limit (Nate: Mal Y BB PO VW 21ST AVE	ted liab <i>ST OF</i>	ility comp <i>t</i> FICE BO2	iny:
	Fort Lauderdale, FL 33309		·	auderdale, FL 3	3309	 9	
			7010			<u></u>	
	11/13/2018		M180000	010206			
3.	Date of filing/registration in Florida	4.		Document number	r		
5. (a)							
(-)	Registered Agent and Registered Office shown on the records of			 !c:			
	UNITED STATES CORPORATION AGENT			_			
	Registered Office Address (MUST BE FLORIDA STREET	AUDRES	<u>'Zi</u>				
	5575 S. SEMORAN BLVD., SUITE 36	·		_ _		<u>~</u>	ွ
	ORLANDO FI	32822	<u> </u>	_		7/0	3
						OI AON AZOZ	
(b)	Enter name of NEW-Registered Agent and/or NEW Registerer	1.1.25	1.1			10	-
	Enter name of NEW-Registered Agent and/or NEW Registered	d Ottice it	<u>((0.627</u> 2:				اعدامساغ و
	URS AGENTS, LLC					AH II:	: 1 j
	NEW Registered Office Address:			· -			,
	3458 LAKESHORE DRIVE				ì	\sim	
			_				
	TALLAHASSEE FI	3231	2	_			
the chi agent was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the numeral a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete	f the regisability (of the line limited	istered office company, it mited liabili liability con	te and the business is hereby confirmed ty company or as of mpany. Han Arn Arn to Printed or typed name the confirmed or typed name the confirmed to the confi	office i that I therwi	of the re the chang se provid	gistere ge(s) led in
he oh to mer nytifia	in the application is registered agent and complete lines of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Kathy Clark, Asst. Secretary	ệt Jõr In herehy	Chapter 6U confirm that	n, F.S. Or, If this d Tthe limited liability	ocunie v conij	eni is bei puny has	ng Juec heen
Signati	ore of Registered Agent						

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