

M22000010089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

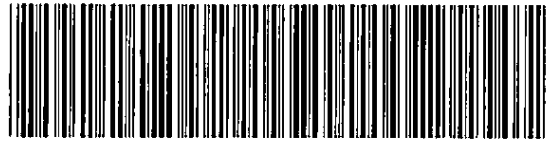
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/24--01033--019 **25.00

2005 Jun 16 PM 12:58
CLERK OF STATE
TALLAHASSEE, FL

A. HUNT

06/11/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN SKY AVIATION KECP LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD A. HOWELL
Name of Person

SOUTHERN SKY AVIATION KECP LLC
Firm/Company

1000 URBAN CENTER DR SUITE 660
Address

VESTAVIA HILLS, AL 35242
City/State and Zip Code

dhowell@southernskyaviation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD A. HOWELL at (205) 895-5013
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy
PREVIOUSLY PAID

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SOUTHERN SKY AVIATION KECP LLC

Enter new principal office address, if applicable: 1000 URBAN CENTER DRIVE

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 660

VESTAVIA HILLS, AL 35242

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

SAME AS ABOVE

2. The Florida document number of this limited liability company is: M22000010089

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 2/1/24

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

