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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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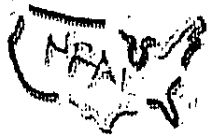
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FILED
2009 JUN 15 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT

JUN 17 2009

EXAMINER



NATIONAL
REGISTERED
AGENTS, INC

Filing Request

June 8, 2009

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

FILED
2009 JUN 15 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Subject:	EPIC AVIATION, LLC Document no.: M99000000422
Form(s) Enclosed:	STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS <i>(1 copy)</i> <i>(2 copies)</i>
Amount of check enclosed: Payable to:	\$25.00, <i>please issue a receipt</i> FL DEPT. OF STATE
Return Via:	Regular mail
Filing Method:	ROUTINE

If you have any questions, or if you cannot process this request for any reason,
please do not hesitate to contact me at the number listed below.

REF: COA

Please return to:

Loretta McCool

Unisearch, Inc.

3533 Fairview Industrial Dr. SE

Salem, OR 97302-1155

Ph: 800-554-3113 Ext: 1010

Fax: (800) 554-3114

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPIC AVIATION, 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:

Loretta McCool
(Name of Person)

Unisearch, Inc.
(Firm/Company)

PO Box 12054
(Address)

Salem, OR 97309-0054
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Loretta McCool at (800) 554-3113, ext. 1010
(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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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: EPIC AVIATION, LLC

2. (a) Principal office address of limited liability company: 1790 16TH STREET SE
(Note: **MUST BE STREET ADDRESS**) SALEM OR 97302

(b) Mailing address of limited liability company: P.O. BOX 12249
(Note: **MAY BE POST OFFICE BOX**) SALEM OR 97309

03/15/1999
3. Date of filing/registration in Florida

M99000000422
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: C T CORPORATION SYSTEM

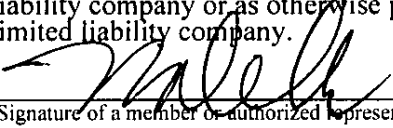
Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NRAI SERVICES, INC.

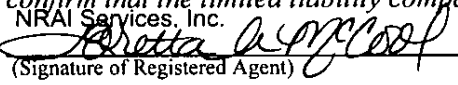
NEW Registered Office Address: 2731 EXECUTIVE PARK DRIVE, SUITE 4
(**MUST BE FLORIDA STREET ADDRESS**) WESTON FL 33331

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 or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Michael W. Delk, President
(Printed or typed name of signee)

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 608, 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.

NRAI Services, Inc.

(Signature of Registered Agent)
Loretta A McCool, Assistant Secretary

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

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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