F08000004861

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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RAIROICHS

FEB 17 2017 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 513378 8018219

AUTHORIZATION : Spellers

COST LIMIT : \$'35\00

ORDER DATE : February 16, 2017

ORDER TIME : 11:55 AM

ORDER NO. : 513378-005

CUSTOMER NO: 8018219

CHANGE OF AGENT

NAME: AMERICAN ASSOCIATION OF

AIRPORT EXECUTIVES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--|--|--|--|--|
| SUBJ | AMERICAN ASSOCIATION OF AIRPORT EXECUTIVES INC | | | |
| 2020 | Name of Corporation | | | |
| DOCI | F08000004861 JMENT NUMBER: | | | |
| The er | oclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please | return all correspondence concerning this matter to the following: | | | |
| | Chona Cuenca-Alvano | | | |
| Name of Contact Person | | | | |
| American Association of Airport Executives, Inc. | | | | |
| Firm/Company | | | | |
| 601 Madison Street Suite 400 | | | | |
| Address Alexandria, VA 22314-1756 | | | | |
| | | | | |
| | Chona.Cuenca-Alvano@aaae.org | | | |
| | E-mail address: (to be used for future annual report notification) | | | |
| For fu | rther information concerning this matter, please call: | | | |
| | Cuenca-Alvano 703 824 0500 | | | |
| | Name of Contact Person Area Code & Daytime Telephone Number | | | |
| Enclos | sed is a \$35.00 check made payable to the Department of State. | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nnge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of registered agent, or both, in the State of Florida. | , this | |
|---|--|---|-----------------|--|
| 1. The name of | the corporation: AMERICAN ASSO | OCIATION OF AIRPORT EXECUTIVES INC | | |
| | office address: ON ST. #400 ALEXANDRIA, VA 2 | 22314 | ······ | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorporation/qualification: 11/12/2008 Document number: F08000004861 | | | | |
| | d street address of the current regist rtment of State: (If resigned, enter r | ered agent and registered office on file with the estigned) | | |
| | JOHNSON, JAMES E | | | |
| | 1218 MERRY WATER DRIVE | | 201 | |
| | LUTZ, FL 33548 | | 2017 FEB | |
| 6. The name and (if changed): | d street address of the new registere | ed agent (if changed) and /or registered office | | |
| | Corporation Service Company | | ڣ | |
| | 1201 Hays Street | | 36 | |
| | | ox NOT acceptable | | |
| | Tallahassee | FL 32301 | | |
| The street address changed will | ess of its registered office and the ebe identical. | street address of the business office of its registe | ered agent, | |
| Such change wa authorized by th | as authorized by resolution duly ad ne board, or the corporation has be | lopted by its board of directors or by an officer sen notified in writing of the change. | 60 | |
| C. Cuerra- Aluano Signature of an officer or director Chon a Cuenca- Alvano Staff Vice. Pres. Finance Staff Vice. Pres. Finance | | | | |
| I further agree i performance of agent. Or, if thi hereby confirm | to comply with the provisions of al | ent and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position as region reflect a change in the registered office addressified in writing of this change. | stered ss, f | |
| | name of Registered Agent | bate / | | |
| If signing on be | half of an emissender | | | |
| | Asst. Vice President | | | |
| T | ped or Printed Name | | | |

* * * FILING FEE: \$35.00 * * *