Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_____

REGISTERED AGENT CHANGE B & E AIRCRAFT COMPONENT REPAIR, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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OCT 1 4 2019

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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of change is submitt	ed for a corporation org	502, 607.1508, or 617.1598, FI anized under the laws of the Ste	ale of Massachussots
		stered agent, or both, in the Sta	ite of Florida.
f. The name of the corporation	E B&E Aircraft Componer	nt Repair, Inc.	
2. The principal office address	11880 Lacy Lane, Fort M	Seyers, FL 33966	
3. The mailing address (if diffe	erent): 6710 N. Scottsdale	Rd #250, Scottsdale, AZ 85253	
4. Date of incorporation/qualif	ication: 04/21/2011	Document number: F1	1000001750
	of the current registered	agent and registered office on	
VILLANO, CF	VILLANO, CHRISTOPHER L		
C/O ACCEL A	C/O ACCEL AVIATION ACCESORIES, LLC		
11900 LACY I	11900 LACY LANE FORT MYERS, FL 33966		
6. The name and street address (if changed):	of the new registered ag	ent (if changed) and /or register	red office
C T Corporatio	n System		•
c/o C T Corpor	ation System, 1200 South	Pine Island Road	
 	P.O Box NO	T acceptable	,
Plantation, Flor	ida 33324		
The street address of its registe as changed will be identical.	ered office and the street	address of the business office	of its registered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopte corporation has been no	d by its board of directors or b otified in writing of the change	y an officer so
Stripture of an officer of the	COOLS -	Printed or typed name	borough
hereby accept the appointmen	it as registered nount of		
I hereby accept the appointment of further agree to comply with performance of my duties, and agent. Or, if this document is thereby confirm that the corpor	the provisions of all sta I am familiar with and a seing filed merely to ref attach has been notified	tules relative to the proper on a accept the obligation of my pollect a change in the registered in writing of this change.	l complete sition as registered office address, I
By: Clarifornian System		10/4/2019	
Signature of Registered	Л _{Ветк}	Date	
If signing on behalf of an entity	r:		
Tracy Kellner			
Typed or Printed Name			
	* * * EII INC EU	E. 822 00 4 4 4	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)