Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

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Email Address:

REGISTERED AGENT CHANGE CESSNA SERVICEDIRECT, LLC Certificate of Status

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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 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: Cessna ServiceDirect, LLC 2. (a) Principal office address of limited liability company: PETE MCKERNAN ONE CESSNA BLVD., BLDG. C1 (Note: MUST BE STREET ADDRESS) WICHITA, KS 67218 (b) Mailing address of limited liability company: PETE MCKERNAN (Note: MAY BE POST OFFICE BOX) ONE CESSNA BLVD., BLDG. CI WICHITA, KS 67218 01/14/2013 M13000000300 3. Date of filing/registration in Florida 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: C T Corporation System NEW Registered Office Address: 515 East Park Avenue (MUST BE FLORIDA STREET ADDRESS) Tallahassee 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 Blake A. Meyen, VP & Sec., Cessna Aircraft Company (sole member)
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 Cappeer 508, 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. By: SEE ATTACHED Signature of Registered Agent Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00 INHS18 (05/08)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Compa	any is:	
Cessna S	erviceDirect, LLC		
If unavailable,	the alternate to be used in the	state of Florida is:	·
2. The name a	and the Florida street address of	of the registered agent and office are:	
	ст	Corporation System	
		(Name)	
	5 15 8	East Park Avenue	
	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	_
	Tallahassee	FI. 32301	
	 	City/State/Zip	
liability compa agent and agre relating to the obligations of t C T By:	iny at the place designated in the to act in this capacity. I further proper and complete performating position as registered agent Corporation System Jury Signature Lackey, Asst. Secy.	o accept service of process for the abovits certificate, I hereby accept the appointer agree to comply with the provisions nee of my duties, and I am familiar with as provided for in Chapter 608, Florid	intment as registered of all statutes n and accept the la Statutes,
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	2013 OCT -2 AM &: SECRETARY OF STATALLAHASSEELFLOO