P03000056485

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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JAN 15 2013
T. ROBERTS

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** PAHOKEE AVIATION, INC.
Name of Corporation

**DOCUMENT NUMBER:** P03000056485

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN E. STINSON
Name of Contact Person

PAHOKEE AVIATION, INC
Firm/Company

11550 AVIATION BLVD SUITE 4
Address

WEST PALM BEACH, FL 33412
City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN E. STINSON at ( 561 ) 625-7979
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed 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

**Street Address:**
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of* FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: PAHOKEE AVIATION, INC .

2. The principal office address: 11550 AVIATION BLVD SUITE 4, WEST PALM BEACH FL 33412

3. The mailing address (if different):

4. Date of incorporation/qualification: 5-21-03 Document number: P03000056485

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Filings, Inc
3732 NW 16 St
Ft. Lauderdale, FL 3331

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN E. STINSON

11550 AVIATION BLVD SUITE 4,
P.O. Box NOT acceptable

WEST PALM BEACH FL 33412

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Laura J Stinson
Signature of an officer or director

LAURA J. STINSON PRES
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

John E Stinson
Signature of Registered Agent

12-31-12
Date

If signing on behalf of an entity:

John E Stinson
Typed or Printed Name

*** * * 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 (8/05)