

PO60000063071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

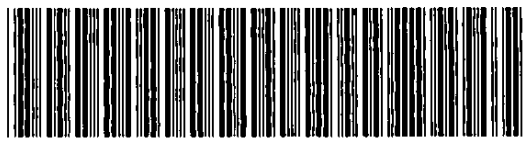
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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change

08/23/13--01010--025 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 22 PM 3:50

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DR
8/23/13

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

General Aviation Contractors, Inc.

Signature _____

Requested by: Seth _____
Name _____ Date 08/22/13 _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: General Aviation Contractors, Inc.

Name of Corporation

DOCUMENT NUMBER: P06000063071

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:

Pablo Gonzalez

Name of Contact Person

General Aviation Contractors, Inc.

Firm/Company

8249 N.W. 36th Street, Ste. 105

Address

Miami, Florida 33166

City/State and Zip Code

pabgonzalez@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Gonzalez

Name of Contact Person

at (**305**) **970-4417**

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

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: General Aviation Contractors Inc.
2. The principal office address: 8249 N.W. 36th Street, Ste. 105, Miami, Florida 33166
3. The mailing address (if different): P.O. Box 960924, Miami, Florida 33296-0924
4. Date of incorporation/qualification: 05/03/2006 Document number: P06000063071
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)

Edwin Caiaffa

8249 N.W. 36th Street, Ste. 105

Miami, Florida 33166

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

Pablo Gonzalez


8987 N.W. 188th Terrace

P.O. Box NOT acceptable

Miami, Florida 33018

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.

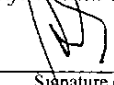


Signature of an officer or director

Pablo Gonzalez, President

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.



Signature of Registered Agent

8/20/2013
Date

If signing on behalf of an entity:

N/A

Typed or Printed Name

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

FILED
2013 AUG 22 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA