P07000062895

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(R	equestor's Name)	
(A	ddress)	,
· (A	ddress)	
(C	ity/State/Zip/Phone #)	
☐ PICK-ÚP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/20/07--01033--012 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORID!

FILED

RH. Charge SEP 2 6 200

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Postill Aviction Inc. (Name of Corporation)
DOCUMENT NUMBER:
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:
(Name of Contact Person)
Postill Aviation Inc (Firm/Company)
9410 NW 43th 54. (Address)
Sonnse, FL 33351 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen Postul at (810) 531 9211 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: 3 Postill Aviation, Inc	
2: The principal office address: 9410 NW 43 ⁵² St. Sonroe, FL 33351	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 5/29/57 Document number: P67/000062895	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 5 technology Postill	
4764 W. Attentic Blod. #101	
Cocanit Creek FL 33063	•
SE TAL	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	FILE
5 tepter Postall	C
9410 NW 432 57.	
(P.O. Box NOT acceptable) Sonre FL 33351	
•	
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) (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.	
9/17/07	
(Signature of Registered Agent), (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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