

P13000097999

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
FLIGHT DESIGN AMERICAS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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(12)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLIGHT DESIGN AMERICAS, INC.
Name of Corporation

DOCUMENT NUMBER: P13000097999

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:

KAYLA DAVIS
Name of Contact Person
CT CORPORATION
Firm/Company
2075 CENTRE POINTE BLVD. SUITE 101
Address
TALLAHASSEE, FL 32308
City/State and Zip Code
bbershlaw@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAYLA DAVIS at 850 558-1935
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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 NOV 10 AM 9:37

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: FLIGHT DESIGN AMERICAS, INC.
- 2. The principal office address: 111 N.E. 1ST STREET, 4TH FLOOR MIAMI, FL 33132
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/09/2013 Document number: P13000097999
- 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)

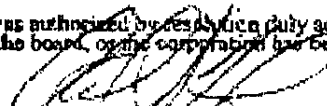
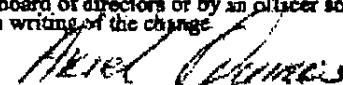
ARIEL QUIROS
111 N.E. 1ST STREET, 4TH FLOOR
MIAMI, FL 33132

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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 officer or director
 _____
 Name of 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.

C T Corporation System
 By:  _____ Date: 11/9/2015
 Signature of Registered Agent

If signing on behalf of an entity:

 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 (03/12)