

P 96000103849

Requester's Name

**AIRKAMAN OF JACKSONVILLE, INC.**  
JACKSONVILLE INTERNATIONAL AIRPORT  
P.O. BOX 18157  
JACKSONVILLE, FL 32229

00 OCT 25 AM 11:39  
**FILED**  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

000003438450--2  
-10/25/00--01082--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

*R-1A Change  
11-3-00  
RHS*

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : AirKaman of Jacksonville Inc

2. The mailing address of the corporation : P.O. Box 18157  
Jacksonville, FL 32229

3. Date of incorporation/qualification: 12-26-96 Document number: P96000103849

4. The name and address of the current registered agent and office:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

C. William Kaman II  
14700 Yonge Dr.  
Jacksonville, FL 32218

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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.

William Kaman II  
(Signature of an officer, chairman or vice chairman of the board)

10/20/2000  
(Date)

C. William Kaman II  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

William Kaman II  
(Signature of Registered Agent)

10/20/2000  
(Date)

If signing on behalf of an entity:

C. William Kaman II President & C.E.O.  
(Typed or Printed Name) (Capacity)

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