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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  
Account Number : FCA000000023  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUL 18 PM 2:54

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REGISTERED AGENT CHANGE

SKYWAY EXPRESS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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TR 7/18/08

**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: SKYWAY EXPRESS, INC.
2. The principal office address: 2861 EXECUTIVE DRIVE SUITE 200 CLEARWATER FL 33762
3. The mailing address (if different): PO BOX 320845 TAMPA FL 33679
4. Date of incorporation/qualification: 3/26/1999 Document number: P99000027965
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ANDREW SERVICE CORPORATION OF FLORIDA  
201 N. FRANKLIN STREET, SUITE 2100  
TAMPA FL 33602

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

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

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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, or the corporation has been notified in writing of the change.

Robert Casella  
(Signature of an officer or director)

Robert Casella 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.

By: Madonna Cuddy  
(Signature of Registered Agent)

7-17-2008  
(Date)

If signing on behalf of an entity:

Madonna Cuddy  
Special Assistant Secretary

\*\*\* 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)