2720 SNEED R FORT PIERCE,	FL 34945 ling Address:		CC550	0859387
	CE, FL 34945 US			
FEI Number: 59-1429837 Name and Address of Current Registered Agent:			Certificate of Status Desired: No	
STONE, CHAR 2720 SNEED R FT. PIERCE, FI	OAD			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE	CHARLES RICHARD STONE			03/15/2017
SIGNATURE	Electronic Signature of Registered Agent			03/15/2017 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	TREASURER	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	TREASURER SUMMERSILL, TOMMY J	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : DIRECTOR			
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : DIRECTOR STONE, CHARLES RICHARD 2720 SNEED ROAD	Name Address	SUMMERSILL, TOMMY J	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : DIRECTOR STONE, CHARLES RICHARD 2720 SNEED ROAD	Name Address	SUMMERSILL, TOMMY J 6000 DUDA ROAD	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : DIRECTOR STONE, CHARLES RICHARD 2720 SNEED ROAD FORT PIERCE FL 34945	Name Address	SUMMERSILL, TOMMY J 6000 DUDA ROAD	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DIRECTOR STONE, CHARLES RICHARD 2720 SNEED ROAD FORT PIERCE FL 34945 PRESIDENT	Name Address	SUMMERSILL, TOMMY J 6000 DUDA ROAD	
Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : DIRECTOR STONE, CHARLES RICHARD 2720 SNEED ROAD FORT PIERCE FL 34945 PRESIDENT SUMMERSILL, JEFF P. O. BOX 70	Name Address	SUMMERSILL, TOMMY J 6000 DUDA ROAD	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES RICHARD STONE

DIRECTOR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 709281

Entity Name: FLORIDA AGRICULTURAL AVIATION ASSOCIATION, INC.

FILED Mar 15, 2017 Secretary of State CC5500859387

Date