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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRYCE BOCK

Electronic Signature of Signing Officer/Director Detail

Entity Name: AVIATION ONE MAINTENANCE AND MODIFICATION, INC. **Current Principal Place of Business:**

615 HUMPHRIES AVE. ORLANDO, FL 32803

Current Mailing Address:

DOCUMENT# P06000115145

615 HUMPHRIES AVE. ORLANDO, FL 32803

FEI Number: 20-2601142

Name and Address of Current Registered Agent:

BOCK, BRYCE 104 N HAMLIN CT LONGWOOD, FL 32750 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	S
Name	BOCK, BRYCE K	Name	BOCK, KYLE L
Address	104 N HAMLIN CT	Address	104 N HAMLIN CT
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

PRESIDENT

Date

Date

FILED Apr 03, 2014 Secretary of State CC7823343431

Certificate of Status Desired: No

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT