

252 500

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(Business Entity Name)

(Document Number)

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09/26/18--01020--004 *\$35.00

19 OCT 24 PM 12:30

Ra Change

SEP 25 2018

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AEROKOOL AVIATION CORPORATION
Name of Corporation

DOCUMENT NUMBER: 252500

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:

JENNIFER KELLY

Name of Contact Person

AEROKOOL AVIATION CORPORATION

Firm/Company

1400 EAST SOUTH BLVD

Address

MONTGOMERY, AL 36116

City/State and Zip Code

JDKELLY@KELLYAEROSPACE.COM

E-mail address: (to be used for future annual report notification)

18 SEP 21 PM 12:30

For further information concerning this matter, please call:

JENNIFER KELLY

Name of Contact Person

at (**334**) **239-2226**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2018

AEROKOOL AVIATION CORPORATION
1495 S.E. 10 AVENUE
HIALEAH, FL 33101

SUBJECT: AEROKOOL AVIATION CORPORATION
Ref. Number: 252500

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received the attached check without any support documents. If you need to file something in our office please return your check with the proper application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 218A00018962

RECEIVED
18 SEP 24 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: AEROKOOL AVIATION CORPORATION

2. The principal office address: 1495 S.E. 10TH AVENUE
HIALEAH, FL 33010

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/25/61 Document number: 252500

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)

JOHN N BAMBACUS

1495 S.E. 10TH AVENUE

HIALEAH, FL 33010

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

JEFFREY R. KELLY

1495 S.E. 10TH AVENUE

P.O. Box NOT acceptable

HIALEAH, FL 33010

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 an officer or director

JONATHON A SILVA, 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.


Signature of Registered Agent

9-4-18

Date

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)