## 825494

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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RARDICHS



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: February 17, 2017

Order#: 508010-008

Re: AIRCRAFT SERVICE INTERNATIONAL, INC.

Enclosed please find:

XX\_\_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_ Please return evidence to the following:

Attn: Tecora Bell c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation or	0502, 607,1508, or 617,1508, Florida ganized under the laws of the State of g gistered agent, or both, in the State of J	DE
1. The name of t	the corporation: AIRCRAFT SERVIC	E INTERNATIONAL, INC.	
2. The principal	office address: 201 S ORANGE AVE	#1100 ORLANDO, FL 32801	
· · ·			
3. The mailing a	ddress (if different):		
4. Date of incorp	orporation/qualification: 12/16/1970 Document number: 825494		
	I street address of the current register then the fatter (If resigned, enter res	ed agent and registered office on file wigned)	ith the
	C T CORPORATION SYSTEM		_
	1200 SOUTH PINE ISLAND ROAD		29
	PLANTATION	FL 33324	70 TH
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered of	ffice
	Corporation Service Company		7.9
	1201 Hays Street		
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the str be identical.	eet address of the business office of it	ts registered agent,
Such change wa authorized by th	authorized by resolution duly adopted board, or the corporation has been	oted by its board of directors or by an notified in writing of the change.	officer so
	Jill Cilmi, Vice President		
Signatu	se of an officer or director	Printed or typed name and tit	le
I further agree to performance of agent. Or, if the hereby confirm	my duties, and I am familiar with an	statutes relative to the proper and con nd accept the obligation of my position reflect a change in the registered offic	n as registered
By: Dra	e Cokuble	02/16/2017	
Sign	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ty	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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