## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : PCA000000023

Phone : (850)222-1092

Fax Number

: (050)878-5368

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1.111.24 1	ACCTESS:			

## REGISTERED AGENT CHANGE SRX TRANSCONTINENTAL INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

MAY 2 5 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Amendment Section Division of Corporation	ens				
SUBJ	ECT:	SRX Transcont	inental orporation	, Inc.		
DOCL	MENT NUMBER:	F01	00000	5351	<del></del>	
The en	closed Statement of Chi	ange of Registered Offic	c/Agent a	and fee are submit	ted for filing.	
Please	return all corresponden	ce concerning this matte	r to the fo	ollowing:		
	Laurence Glasser Name of Contact Person					
	·	Name of Co	nitaèr Let	2011		
		Amerijet Ho	oldings,	Inc.		
		rimi/C	ompany			
		2800 S. And		venue		
		Ado	iress			
	<u></u>	Ft. Lauderda	ile, FL 3	3316		
		City/State a	nd Zip C	ode		
		Lglasser@a	merijet.	com		
	E-mail ad	dress: (to be used for	future an	nual report notif	ication)	
For fu	rther information conce	rning this matter, please	call:			
	Laurence	Glasser	at (	954	320-5363 ms Telephone Number	
	Name of Conta	act Person	A	rea Code & Dayti	ms Telephona Number	
Enclos	sed is a \$35.00 check ma	ade payable to the Depai	rtment of	State.		
	Amo Divis P.O.	ng Address; ndment Section sion of Corporations Box 6327 hassec, FL 32314		Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executiv Tallahasseo, P	rporations ng e Center Circle	

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

Pursuant to the provisions of sections 607.0502 statement of change is submitted for a corporat in order to change its registered office	ion organized	l under the laws of the State	of New York		
1. The name of the corporation: SRX Trans	scontinen	tal inc	•		
2. The principal office address: 1050 Lee W			derdale, FL 33315		
and the principal of the same	<del></del>				
3. The mailing address (if different): 2800 S.	Andrews A	venue, Ft. Lauderdal	e, FL 33316		
4. Date of incorporation/qualification: 10/	15/2001	Document number:	F01000005351		
5. The name and street address of the current re Florida Department of State: (If resigned, en		t and registered office on fi	le with the		
Ugalde, Karina AM					
1050 Lee Wagener Blvd, Suite 105					
Ft. Lauderdale, FL 33315					
(if changed):					
C T Corporation System	n		F.S.	<b>Ligi</b>	
1200 South Pine Island	Road		SIATE	<b>739</b>	
Plantation, FL, 33324	P.O. BOX NOT RO	ceptative			
The street address of its registered office and as changed will be identical.	the street ad	dress of the business office	e of its registered agent	•	
Such change was authorized by resolution du authorized by the board, or the corporation h	ily adopted b	y its board of directors or led in writing of the chang	by an officer so e.		
Signature of an officer of director	<del></del> -	Karina Ugald	le AMGR		
I hereby accept the appointment as registered I further agree to comply with the provisions of my duties, and I am familiar with and acceptant is being filed mereby to reflect a chapporation has been notified inverting of the	d agent and a of all statute opt the obliga ange in the r is change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y d camplete performanc stered agent. Or, if thi hereby confirm that the	e Is r	
Signature of Realstered Agent	<u> </u>	5/2	4/10		
Feigning on behalf of an enfity:	s	Madonna Cuddi pecial Assistant Se			
* * * F(LING FER: \$35.00 * * *					
MAKE CHECKS PAYAE MAIL TO: DIVISION OF CORPOR CR2E045 (8/05)	LE TO ELORI ATIONS, P.O.	DA DEPARTMENT OF STAT BOX 6327, TALLAHASSEE	E , FL 32314		