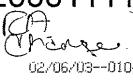
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

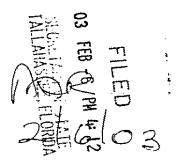


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02/06/03--01041--015 **35.00





CT CORPORATION

February 6, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Order #: 5769742 SO Re: Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

SKYWEST AIRLINES, INC. (UT) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland Fulfillment Specialist

 $Melanie_Strickland@cch-lis.com$



660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, we undersigned corporation organized under the laws of the State of Utah
bmits the following statement in order to change its registered office or registered agent, or both, in estate of Florida.
The name of the corporation : Skywest Airlines, Inc.
The mailing address of the corporation : 444 S. River Road St. George, UT 84770
Date of incorporation/qualification: 12/26/2001 Document number:
The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525
The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
Plantation, Florida 33324
ne street address of its registered office and the street address of the business office of its registered gent, as changed, will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so thorized by the board.
(Signature of an officer, chairman of vice chairman of the board) MICHAEL J. KRAUPP V. P. FINANCE AND ASSISTANT TREASURER
(Printed or typed name and title)
aving been named as registered agent and to accept service of process for the above stated appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete exformance of my duties, and I am familiar with and accept the obligation of my position as gistered agent. T Corporation System (Signature of Registered Agent) (Date)
signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314