F09000000800

(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



300041763733

10/15/04--01014--001 **35.00

ECRETARY OF STATE

04 OCT 15 PM 1: 38

20,510/101

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Kelowna Flightcraft Air Charter Ltd. Inc. (Name of corporation)					
DOCUMENT NUMBER: F02000000800					
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:					
David P. Herman, Esq.					
(Name of contact person)					
Murray, Marin & Herman, P.A.					
(Firm/Company)					
255 Alhambra Circle, Suite 750					
(Address)					
Coral Gables, Florida 33134-7419					
Coral Gables, Florida 33134-7419 (City/state and zip code)					
For further information concerning this matter, please call:					
David P. Herman, Esq. at (305)441-1180 (Name of contact person) (Area code & daytime telephone number)					
(Maine of contact person) (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 409 E. Gaines Street Tallahassee, FL 32399					

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

statement of char	rovisions of sections 607.0502, 61 age is submitted for a corporation to change its registered office or i	organized under the	e laws of the State of Z	Province of Britis
1. The name of the	ne corporation: Kelsisna Fla	abterast Al	F Charter C	El.Trc.
2. The principal of	ne corporation: Kelpsna Fla office address: 5655 Air	mt Day,	Kebuna, BC,	Canada
3. The mailing ac	ldress (if different):			-
4. Date of incorp	oration/qualification: <u>Feb 7</u>		ent number: <u>FO20</u>	220206802
5. The name and Florida Depart	street address of the current registement of State:	ered agent and regis	tered office on file with	1 the
	David P. Herman, Murray, Marin & 2600 Douglas Roa Suite 711	Herman, P.A.		
	Miami, FL 33134	_·		24 <u>0</u>
6. The name and (if changed):	street address of the new registered	d agent (if changed)	and /or registered offic	器 5 元
	255 Alhambra Cir	cle		OF S
,	Suite 750			: 38 DRIII
	(P.O. Box NOT acc	-		A
•	Coral Gables, FL	33134-7419		
The street address as changed will	ss of its registered office and the specifical.	street address of the	e business office of its	registered agent,
	s authorized by resolution duly ac e board, or the corporation has be			
(Signatur	of an officer or director)	Barry	Lapointe - (Printed or typed name and to	FFECIMONT
$\sim \nu$	he appointment as registered ago o comply with the provisions of a I I am familiar with and accept the og filed merely to reflect a change been notified in writing of this ch	ent and agree to ac ll statutes relative to the obligation of my in the registered of the ange.		
(Sign	nature of Registered Agent)		10/13/04 (Date)	
If signing on bel	alf of an entity:			•
	uned or Printed Name)			