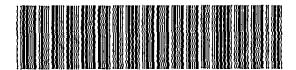
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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	ocument Number)	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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05 DEC -2 AM 10: 30
SECRETARY OF STATE
ALL AHASSEE STORE

or or.

COVER LETTER

Division of Corporations
SUBJECT: TARGET AVIATION HOLDINGS, INC. (Name of Corporation)
DOCUMENT NUMBER: F 02 00000 5928
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:
LINA AMADAR
Name of Contact Person)
ROYAL BANK I Conade
ROYAC BANK of Canada
801 BRICKELL AVE, SUITE 2100
(Address)
$\frac{M/AMI, FC 33/3I - 2902}{\text{(City/State and Zip Code)}}$
• /
For further information concerning this matter, please call:
Augus JAHF at (954) 98 T 70 YO (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

TO:

Amendment Section

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

statement of change is submitted	tions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this for a corporation organized under the laws of the State of <u>Dec AWA NE</u> egistered office or registered agent, or both, in the State of Florida.
	TARGET AVIATION HOLDINGS, INC.
2. The principal office address:	والمرابع والمرابي والمرابع والمرابع وأكبر المرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع والمرابع
	MIAMI, FL 33131-290V
3. The mailing address (if differ	ent):
4. Date of incorporation/qualific	ation: 11/27/02 Document number: F0200000 1928
5. The name and street address of Florida Department of State:	of the current registered agent and registered office on file with the
	ANTHUR J. JAFFE
	ANTHUR J. JAFFE 3107 Stimulah ROAD, Ste#201 Ft. LANDONDALE, FL 33312
·	Ft. LAURENDALE, FL 33312
6. The name and street address (if changed):	of the new registered agent (if changed) and /or registered office
	LINA AMADON, NO RBL HARY OF STEELSON SEED TO PROBLEM AVE, SUITE 2100 SEED TO PROBLEM AND SEED TO PROBLEM A
·	(P.O. Box NOT acceptable)
<u> </u>	MIAMI, = 2 33/31-2902 = 55 0
The street address of its register as changed will be identical	ered office and the street address of the business office of its registerent agent.
Such change was authorized by authorized by the board, or the	y resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.
(Signature of an officer or d	Charles R. Patton/Voting Trusted
\	nt as registered agent and agree to act in this capacity. the provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this to reflect a change in the registered office address, I hereby confirm that the in writing of this change.
X (Signature of Registers	Agent) (Date)
If signing on behalf of an entire	y:
X C(VA A	Moa
. trypes of remes Na	* * * 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 (8/05)