F030000000726

(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



500021493135

07/14/03--01026--015 **35.00

03 JUL 14 AM 8: 23

May 1/2

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporation	ns
SUBJ	ECT: Professional Aviati	ion Associates, Inc.
		(Name of corporation)
DOC	ument number: <u></u>	F03000000726
The e	nclosed Statement of Cha	inge of Registered Office/Agent and fee are submitted for filing.
Please	e return all correspondenc	te concerning this matter to the following:
Man	y L. Shaw	
	(Name of	person)
The f	Fairchild Corporation	
	(Name of firm	n/company)
4502	5 Aviation Drive, Suite 400	
	(Addi	ress)
Dulle	s, VA 20166	
	(City/state an	d zip code)
For fu	rther information concern	ning this matter, please call:
Mary	L. Shaw	at (
	(Name of person	(Area code & daytime telephone number)
Enclo	sed is a \$35.00 check made	de payable to the Department of State.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Box 6327 lassee, 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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of			
Georgia	in order to change its registered office or registered agent, or both, in the State			
of Florida.				
1. The name o	f the corporation: Professional Aviation Associates, Inc.	_		
2. The principa	al office address: 4694 Aviation Parkway, Suite K, Atlanta, GA 30349	_		
3. The mailing	g address (if different):	_		
4. Date of inco	prporation/qualification:2/12/2003 (qual in FL) Document number:F03000000726			
	nd street address of the current registered agent and registered office on file with the partment of State:			
	Topping, Kessler & Co.			
4020 Sheridan Street, Suite C				
	Hollywood, FL 33021			
6. The name a	and street address of the new registered agent (if changed) and /or registered office			
	CT Corporation System			
	1200 South Pine Island Road , Plantation, FL 33324			
	(P.O. Box or personal mailbox NOT acceptable)			
agent, as chan	tress of its registered office and the street address of the business office of its registered upon with be identical.			
Such change v authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.			
(Signature of an office	Warren D. Persavich, Vice President (Printed or typed name and title)			
	the appointment as registered agent and agree to act in this capacity, et to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent. Or, if this document is being filed merely to reflect a change in the registered in I hereby confirm that the corporation has been notified in writing of this change. 7/10/03 (Signature of Registered Agent)			
If signing on beh				
	- ANUSHA PUTTY VP + Assl. Sec.			

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