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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)	<del></del>	
Certified Copies	Certificates of	of Status	
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Office Use Only



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# Law Offices JENNIFER COLSON, P.A.

P.O. Box 50028 Lighthouse Point, Florida 33064 (954) 784-2290 Telephone (954) 784-2770 Facsimile

August 23, 2005

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

RE: Registered Agent Amendments

To Whom It May Concern:

Enclosed please find Statements of Change of Registered Office for the following companies:

### Corporations

- 1. Jennifer Colson, P.A.
- 2. Colson Construction Corporation
- 3. J.E.C. Aviation

### Limited Liability Companies

- 1. Pinetree Lofts, LLC
- 2. Lake Santa Barbara Townhouse Partners, LLC

I have also enclosed my firm check in the amount of \$155.00 representing \$105.00 for the corporation changes and \$50 for the LLC changes.

Please do not hesitate to contact this office should you have any further questions.

Sincerely,

Jennifer Colson

JC/lp

enclosures

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	ECT: J.E.C. Aviation, Inc  (Name of corporation)
	(Name of corporation)
DOCU	MENT NUMBER: F03000003884
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jennifer Colson
	(Name of contact person)
	Law Office of Jennifer Colson (Firm/Company)
	P.O. Box 50028 (Address)
	Lighthouse Point, FL 33064 (City/state and zip code)
For fur	ther information concerning this matter, please call:
Jennife	er Colson at ( 954 ) 784-2290
	r Colson at (954 ) 784-2290 (Name of contact person) (Area code & daytime telephone number)
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Division of Corporations 409 E. Gaines Street

Tallahassee, FL 32314

Tallahassee, FL 32399

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, cange is submitted for a corporation organized under the laws of the State of Delawa ler to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	f the corporation: J.E.C. Aviation, Inc.		
2. The principa	office address: P.O. Box 50028, Lighthouse Point, FL 33064		_
3. The mailing	address (if different): same		
4. Date of inco	rporation/qualification: July 29, 2003 Document number: F03000003884		
	nd street address of the current registered agent and registered office on file with the artment of State:		
	Jennifer Colson		
	2265 N.E, 24th ST		
	Lighthouse Point, FL 33064	5° o	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	05 AUG 24 PM EURETARY OF ALLAHASSEE, F	-
•	Jennifer Colson	RY O	֓֞֞֞֜֞֜֞֜֜֝֓֜֞֜֜֜֜֜֜֜֜֓֓֓֓֓֓֓֓֓֡֓֜֜֜֜֜֡֓֓֡֓
	2751 N.W. 19th ST	H :	
	(P.O. Box NOT acceptable)	≥ 6 6	
	Pompano Beach, FL 33069	D	
The street addras changed wil	ress of its registered office and the street address of the business office of its regist	ered agent,	
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	so	
(Signa	Jennifer Colson, President  (Printed or typed name and title)		
I hereby accep I further agree of my duties, a document is be corporation ha	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete p and I am familiar with and accept the obligation of my position as registered agent ling filed merely to reflect a change in the registered office address, I hereby confins been notified in writing of this change.  (Date)	erformance Or, if this rm that the	
If signing on b	ehalf of an entity:		
	(Typed or Printed Name)		

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