Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future miannual report mailings. Enter only one email address please.**

Email Address:

REGISTERED AGENT CHANGE AVIA PARTNERS, INC.

	<u> </u>
Certificate of Status	0
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R. WHITE

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	provisions of sections 607.0502, 617.0502, (nge is submitted for a corporation organize r to change its registered office or registere	d under the laws of the State of Delawar	<u> </u>
1. The name of t	he corporation: AVIA PARTNERS, INC.		
	office address:		
	ridge mall road pleasanton, ca 94		
3. The mailing a	ddress (if dlfferent):		<u> </u>
4. Date of incom	oration/qualification: 11/06/2003	Document number: F03000005538	
	street address of the current registered ago tment of State: (If resigned, enter resigned)		
	Corporation Service Company		提覧 On IV
	1201 HAYS STREETTALLAHASSEE, FL 3	2301-2525	APR
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	C T Corporation System		: 25
	c/o C T Corporation System, 1200 South Pine	Island Road	g 01
	P.O. Box NOT acc		
	Plantation, Florida 33324		
The street address changed will	ss of its registered office and the street ad-	dress of the business office of its regist	ered agent,
	s authorized by resolution duly adopted by		
	ic of an officer or director	ennifer Kurz, Vice President	
7 /	the appointment as registered agent and a o comply with the provisions of all statute my duties, and I am familiar with and acc is document is being filed merely to reflect that the corporation has been notified in w	rintes of typed same and title sgree to act in this capacity, s relative to the proper and complete ept the obligation of my position as reg a change in the registered office addri- viting of this change.	istered ess, I
By: CTO	poration System	1/3/2015 Alfred Younan	
	talure of Registred Agent half of an entity:	Assistant Secreta	iry
т	rped or Printed Name		
	* * * Filing Fee:	\$35.00 * * *	
. M CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLORII AIL TO: DIVISION OF CORPORATIONS, P.O.		

FL006 - 05/30/2013 Wellers Xicror Chiles