Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

Prom:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

: (850)521-1000

Fax Number : (850)558-1575

Enfer the email address for this business entity to be used for attannual report mailings. Enter only one email address please

## REGISTERED AGENT CHANGE MESABA AVIATION, INC.

Certificate of Status	0	
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Estimated Charge	\$35.00	

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

statement of cha	te provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of MN der to change its registered office or registered agent, or both, in the State of Florida.	·-
L. The name of t	of the corporation: MESABA AVIATION, INC.	
2. The principal	al office address: 1000 Blue Gentian Road	
	Eagan, MN 55121	
3. The mailing a	g address (if different):	
4. Date of incorp	orporation/qualification: 11/13/03 Document number: F03000005651	
	and street address of the current registered agent and registered office on file with the partment of State:	
	CT Corporation System	
	1200 South Pine Island Road	לה ל
	Plantation, FL 33324	
6. The name and (if changed):	लिए ।	و <b>ب</b>
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Taliahassee, FL 32301	
The street address changed will	dress of its registered office and the street address of the business office of its registered age ill be identical.	nt,
Such change w authorized by t	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.	
Cour	COURTNEY K. BOYD, ASST TRE	ASURER
I hereby accept I further agree of my duties, at document is be corporation ha	ept the appointment as registered agent and agree to act in this capacity, see to comply with the provisions of all statutes relative to the proper and complete performa and I am familiar with and accept the obligation of my position as registered agent. Or, if the being filled merely to reflect a change in the registered office address. I hereby confirm that the bean notified in writing of this change.  Eation Service Company  ME (Upput)	nce this the
(S)	(Signature of Registered Agent) (Date)	_
If signing on be	behalf of an entity:	
	et, Assistant Vice President	
(	(Typed or Printed Name)	

\* \* \* 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)