F09ww1864

| (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: | | | | | |
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Office Use Only



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12/11/13--01029--001 **35.00

FILED

EC II PH 3: 34

ETARY OF STATE
WHASSEE, FLORIDA

DEC 16 2013

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: December 9, 2013

Order#: 901396-033

Re: YULISTA AVIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | provisions of sections 607.0502, 6 inge is submitted for a corporation or to change its registered office or | organized under the la | rws of the State of | Alaska | nis | _ |
|---|--|--|---|-------------|-----------|-------------|
| 1. The name of | the corporation: YULISTA AVIATIO | ON, INC. | | | | |
| | office address:n Drive, Suite C, Anchorage, AK | 99507 | | | | |
| 3. The mailing a | address (if different): | | | | | |
| 4. Date of incorporation/qualification: 12/08/2009 Document number: F09000 | | | | 004864 | | |
| | d street address of the current regis rtment of State: (If resigned, enter a | - | ed office on file w | ith the | | |
| | C T Corporation System | | | | | |
| | 1200 South Pine Island Road | | | | | |
| | Plantation | FL | 33324 | SE | ದ | |
| 6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed): | | | | | 0EC ! | |
| | Corporation Service Company | | | | <u>-</u> | m |
| | 1201 Hays Street | | | NOT STA | ယ္ | - 445 |
| | P.O. B Tallahassee | ox NOT acceptable | 32301 | DA E | 34 | |
| The street addre | ess of its registered office and the be identical. | street address of the bu | siness office of it | s registere | :d age | nt, |
| Such change wa authorized by th | as authorized by resolution duly ac ne board, or the corporation has be | dopted by its board of cen notified in writing of | directors or by an of the change. | officer so | | |
| (| 12/2 | | Dona Priebe | | ɔ | _ |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | the appointment as registered age to comply with the provisions of a my duties, and I am familiar with is document is being filed merely in that the corporation has been not no Service Company | ent and agree to act in Il statutes relative to th and accept the obligat to reflect a change in ti | ed or typed name and ut this capacity ne proper and con ion of my position he registered offic change. | | ered I | |
| By: Dage Cokubi | | De | ecember 5, 2013 | | | _ |
| | half of an entity: | | Date | | | |
| | E. Kirby, Asst. VP | | | | | |
| | ped or Printed Name | | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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