F12000003679

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone #	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name	e) .	
(Document Number)			
Certified Copies	Certificates o	of Status	
Special Instructions to Filing Officer:			
•	Office Use Only	t .	



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SECRETARY OF STATE SHIPS ON OF CORPORATIONS OF CORPORATIONS

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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: December 16, 2014

Order#: 414272-024

Re: MIDWEST AIR TECHNOLOGIES, 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: Morgan Kennedy 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.

OUCA.XCOA

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

statement of cha	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of L gistered agent, or both, in the State of Florida		
1. The name of	the corporation: MIDWEST AIR TECH	INOLOGIES, INC.		
	office address:			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/06/2012	Document number: F12000003679	1	
	d street address of the current registere rtment of State: (If resigned, enter resigned)	ed agent and registered office on file with the gned)		
	C T CORPORATION SYSTEM			
1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324	30 11	SECR
PLANTATION FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				FILED ETARY OF CORE
	Corporation Service Company		PH 3:	OR A
	1201 Hays Street		ယ္	SKOL
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its regist	ered ag	ent,
Such change was authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an officer notified in writing of the change.	so	
σ	26	Dona Priebe, Vice President		
Signature of an officer or director Printed or typed name and		Printed or typed name and title		_
I further agree performance of agent. Or, if the hereby confirm	my duties, and I am familiar with an	tatutes relative to the proper and complete d accept the obligation of my position as reg reflect a change in the registered office addr	zistered ess, I	
By: Drace Cottuble		12/16/2014		
Sig	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
Grace E. Kirby	, Asst. Vice President			
T	yped or Printed Name			

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