

F120000004020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

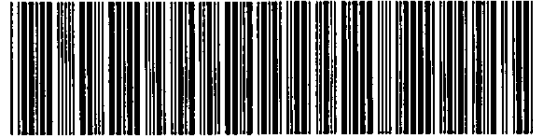
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/24/18--01027--008 **35.00

RECEIVED
MAY 16 2018
T. LEWIS

2018 MAY 09 P 1 56

FILED

MAY 16 2018
T. LEWIS

Handwritten signature



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 20, 2018

Order#: 092814-015

Re: GAMA AVIATION (ENGINEERING) INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Ami Casper
c/o Corporation Service Company
251 Little Falls Drive
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2018

CSC
251 LITTLE FALLS DR
WILMINGTON, DE 19808

SUBJECT: GAMA AVIATION (ENGINEERING) INC.
Ref. Number: F12000004020

We have received your document for GAMA AVIATION (ENGINEERING) INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Foreign corporation the document you sent in is for a Foreign LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 418A00008931

RECEIVED
18 MAY -9 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GAMA AVIATION (ENGINEERING) INC.

2. The principal office address: Two Corporate Drive, Suite 1050, Shelton, CT 06484

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/01/2012 Document number: F12000004020

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gilbride, Tusa, Last & Spellane LLC

780 Fifth Avenue South

Naples, FL 34102

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Dennis Richey, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: [Signature]

Signature of Registered Agent

05/07/2018

Date

If signing on behalf of an entity:

Ami M. Casper, Asst. 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 (03/12)