Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6:80

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000073 : (850)222-1792 Phone

Fax Number : (850)878-5:68

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

Email Address:

REGISTERED AGENT CHANGE STS SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

COVER LETTER

| TO: | Amendment Se Division of Co | ection rporations | | | |
|--------------------|--------------------------------|--|-------------------------------|------------------------|--|
| SURI | ECT: | STS Service | es, Inc. | | |
| 0020 | | Name of | Corporation | | |
| DOC | UMENT NUMB | ER: | 93000005466 | | |
| The e | nclosed Statemen | t of Change of Registered Off | ce/Agent and fee are subm | itted for filing. | |
| Please | return all corresp | condence concerning this matt | er to the following: | | |
| | | Mike | Sommers | | |
| | | Name of C | ontact Person | | |
| STS Aviation Group | | | | | |
| Firm/Company | | | | | |
| | 200 N.E. Jensen Beach Blvd. | | | | |
| | | Ad | dress | | |
| | Jensen Beach, FL 34957 | | | | |
| | | City/State | and Zip Code | | |
| | | _ | saviationgroup.c:m | | |
| | E-n | nail address: (to be used for | future annual report noti | fication) | |
| For fu | rther information | concerning this matter, please | call: | | |
| | CTC | orporation System | at (| 432-3434 | |
| | Name of | Contact Person | Area Cide & Days | me Telephone Number | |
| Enclos | ed is a \$35.00 ch | eck made payable to the Depa | rtment of State. | | |
| | | Mailing Address: Amendment Section | Street Address Amendment S | <u>.</u> ection | |
| | | Division of Corporations | Division of Co | orporations | |
| | | P.O. Box 6327 Tallahassee, FL 32314 | Cliffon Buildit | ng 'e Center Circle | |
| | | 1 anana5500, FD 34314 | Tallahassee, F | | |

CR2E045 (8/05)

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

| statement of ch | ange is submitted for a co | rporation organis | , 607.1508, or 617.1508, Florida ted under the laws of the State of ted agent, or both, in the State of | Delaware | ! | |
|--|---|---|--|----------------|----------|---------|
| | the corporation: | - | an again, or some at the state of | - 10. 100 | | |
| 2. The principa | l office address: 2000 N.E. | Jensen Beach Bly | rd. | | | |
| Jensen Beach | | | | | | |
| 3. The mailing | address (if different): | <u> </u> | | | | |
| 4. Date of incorporation/qualification: 12/01/1993 Document number: | | | | F93000005 | 1664 | |
| | d street address of the curr riment of State: (If resigne | | ent and registered office on file w | rith the | TE CONCI | 11 OCT |
| | NRAI Services Inc. | | | _ | SS | 8 |
| | 515 East Park Avenue | | | | <u> </u> | AM |
| | Tallahassee, Fl. 32301 | | | - | FLORI | H 10: 5 |
| 6. The name and (if changed): | d street address of the new | registered agent | (if changed) and /or registered of | fice | ATE | Ö |
| | C T Corporation System | | | _ | | |
| | c/o C T Corporation Syste | m, 1200 South Pir | ne Island Roul | _ | | |
| | | P.O. Box NOT a | occuptable | _ | | |
| | Plantation, Florida 33324 | | | | | |
| as changed will | l be identical. | | idress of the business office of | _ | agent, | |
| Such change with the state of t | as authorized by resolution the board, or the corporati | on duly adopted l on has been noti | by its board of directors or by article in writing of the change. | _ | | |
| ///ar hus | re of an utilities or director | | Printed or typod name and | The Sand | 100 | |
| • | | tered agent and ions of all statut accept the oblig a change in the of this change. | agree to act in this capacity, es relative to the proper and co- ution of my ; ostition as register registered office address, I here | | | |
| By: Ballia EBULL | | | 10-16-11 | | | |
| Sig | nature of Registered Agent | | Date | , ~ | | |
| _ | half of an entity: Barbara A. Burke scial Assistant Secretary | | | | | |
| Ţ | yped or Printed Name | | | | | |

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* * * 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)