

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

OB APR -1 PM 8: 31

SECRETARY OF STATE

REGISTERED AGENT CHANGE

FLIGHT SERVICES GROUP, INC.

Certificate of Status	0
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Corporate Filing Menu

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4/1/2008

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

statement of a		02, 607.1508, or 617.1508, Florida Statutes, Alved under the laws of the State of Delaw tered agent, or both, to the State of Florida.		-	
1. The name of	of the corporation: Flight Services Great Meadov	oup, Inc. w Road, Stratford, CT 06615			
z. mopuneq	ATT OFFICE SPECIFICATION OF THE PERSON OF TH				
3. The mailing	g address (if different):				_
4. Date of inc	orporation/qualification: 7/31/1996	Document number: F960000038	83		_
5. The name a	nd street address of the current registered a sentment of State:	gent and registered office on file with the	De Co		
_	C T Corporation System			8 80	
	1200 South Pine Island Road	T Corporation System O South Pine Island Road antation FL 33324			
	Plantation FL 33324		SSE	 	
6. The name a (if changed)	nd street address of the new registered agen	n (if changed) and /or registered office	E S	APR -1 RH 8:	
	Corporation Service Company	<u>r</u>	ORIO	ယ	
	1201 Hays Street		7 D-		
	(P.O. Box. NOT acceptable)				
	Tallahassee, FL 32301				
The street add	ress of its registered office and the street. It be identical.	address of the business office of its registe	red ager	it,	
Such change v	was suthorized by resolution duly adopted the board, or the corporation has been no	d by its bound of directors or by an officer : titled in writing of the change.	60		
78	Se	John P. Tesei, President		_	
	hard of an elitory or threater)	(Fraction on typed name and title)		•	
l hereby acce; I further agre of my duties, a document is b corporation h	n the appointment as registered agent an to comply with the provisions of all state nd I am familiar with and accept the obli eing filed merely to reflect a change in th as been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and complete pe igution of my position as registered agent, e registered office address, I hereby confir	v forman Or, if th m that th	ce vs ve	
Compor	ation Service Company	4/1/08	·	.	
	pehalf of an entity:	,—,			
 	(Typed or Printeri Naroe)				
	* * * FILING FE	/B: \$35.00 * * *			
_	MAKE CEECKS PAYABLE TO FLO	RIDA DEPARTMENT OF STATE			

NO. 532 P. 2

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