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SOCATA AIRCRAFT INC.

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4/8/04



April 12, 2004

SOCATA AIRCRAFT INC. 7501 PEMBROKE ROAD NORTH PERRY AIRPORT PEMBROKE PINES, FL 33023

SUBJECT: SOCATA AIRCRAFT INC.

REF: F96000004655

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Michelle Milligan Document Specialist FAX Aud. #: H04000075398 Letter Number: 104A00023654

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

-	•	17.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of	ites,
New York in orde	er to change its register	red office or registered agent, or both, in the S	tate
of Florida.			
1. The name of the corporation	m: SOCATA Aircraft Inc	,	
2. The principal office addres	7501 PEMBROKE RO	AD NORTH PERRY AIRPORT	
PEMBROKE PINES/FL/3302	3		
3. The mailing address (if dif		•	
4. Date of incorporation/qual	ification: 9/10/96	Document number: F96000004655	
5. The name and street addre Florida Department of Stat	-	red agent and registered office on file with the	ي الارتباء المواجعة المواجعة المواجعة المواجعة المواجعة
·	mathisen, r	AYMOND H	
	737 PINEHU	RST WAY	
	PALM BEACH GA	RDENS/FL/33418	-
6. The name and street addr changed):	ess of the new register	red agent (if changed) and /or registered office	if) ۽
	C T Corporat	tion System	
	c/o C T Corpor	stion System	
	(P.O. Box or personal mai	_ ·	
1	200 South Pine Island Road	, Plantation, Florida 33324	
The street address of its regis agent, as changed will be ide	stered office and the str	eet address of the business office of its register	red
Such change was suttorized authorized by the bonid, or ti	by resolution duly adop ne corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.)
(Signahm bof all without, chambon or vice of	having of the board)	Aire Cardin Secretary	
I hereby accept the appointm I further agree to comply wit performance of my duties, ar registered agent. Or, if this office address, I hereby confi CT Corporation Sys	tent as registered agent h the provisions of all t nd I am famtliar with a document is being filed irm that the corporation	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as I merely to reflect a change in the registered n has been notified in writing of this change.	
By: Com Bu	×	7.200	
(Signature of Register	COMMIE BRYAN SPECIAL ASSISTANT	SECRETAR	
(Typed or Printed Na		(Capacity)	
	* * * FILING FE	E: \$35.00 * * *	

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassre, FL 32314