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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)70G-7274

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

Email Address:_

REGISTERED AGENT CHANGE AVIATION ALLIANCE, INC.

Certificate of Status	0
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FL

Enter the Fex Audit Number Fere

TO:

Amendment Section Division of Corporations

SUBJECT: AVIATION ALLIANCE, INC.

Name of Corporation

DOCUMENT NUMBER: F98000006496

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo at (888 705-7274

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FL | STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT-OR BOTH FOR CORPORATIONS

statement of char in order	rovisions of sections 607.0502, 617.050. uge is submitted for a corporation organ to change its registered office or registe	ized under the laws of the State of red agent, or both, in the State of	TEXAS	
1. The name of th	te corporation: AVIATION ALLIANG	CE, INC.		
2. The principal c	office address: 101 TIMBERLINE N	1		
	ILLE, TX 76034			
3. The mailing ac	ldress (if different): P.O. BOX 799			
	VILLE, TX 76034			
4. Date of incorp	oration/qualification: 11/30/1998	Document number: F9800	00006496	
5. The name and Florida Depart	street address of the current registered a ment of State: (If resigned, enter resigne	gent and registered office on file val)	vith the	
	C T CORPORATION SYSTEM	1	_	
	1200 SOUTH PINE ISLAND R	OAD		
	PLANTATION, FL 33324	1.	SECRI SECRI	
PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office AFF (if changed):				
	Registered Agent Solutions,	lnc.	PH 7: 45 EE FLORID	
	155 Office Plaza Dr., Suite A		PATE OR IT	
F.O. BOX SOA secchanic				
	Tallahassee, FL 32301		-	
The street addre as changed will	ss of its registered office and the street be identical.	address of the business office of	its registered agent.	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	I by its board of directors or by a diffied in writing of the change.	officer so	
/s/ Shirley	A. Roberts	Shirley A. Roberts	President	
I hereby accept I further agree to performance of	the appointment as registered agent an ocomply with the provisions of all states of duties, and I am familiar with and a state document is being filed merely to reflect the forporation has been notified in	utes relative to the proper and co weept the obligation of my position lect a change in the registered off	mplete on as registered	
Sup	native of Registered Agent	Dute		
If signing on be	half of an entity:			
	rell - Assistant Secretary			
1	* * * FILING FF	EE: \$35.00 * * *		