Division of Corporations



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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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il Address:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone

: (888)491-1120

Fax Number

: (954)343-6962

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REGISTERED AGENT CHANGE

FLORIDA JET CENTER, INC. Certificate of Status Certified Copy 0 Page Count 1020 Estimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

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STATEMEN	T OF CHANGE OF REG	ISTERED OF OR CORPOR		STERED AGENT	r or both		
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 Florida						B	
1. The name of	the corporation: Florida J	et Center,	Inc.				
2. The principal	office address; 2665 NW	56th Street,	Hangar 54, Fo	rt Lauderdale, F	FL 33309		
3. The mailing	address (if different):						
4. Date of incorporation/qualification: 2/11/1999 Document number:					28283		
	d street address of the current rtment of State: (If resigned,		t and registered or	ffice on file with the	e 1.	21	
	Thomas Shafovaloff)100	
	2185 N. Park Avenue, Ste 6					3	
	Winter Park, Florida 3	/inter Park, Florida 32789					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						4亿阳	
	Haas Hatic, Esq. c/o Greenspoon Marder, P.A.						
	100 W. Cypress Creek Road, Sulte 700 P.O. Box NOT acceptable						
	Fort Lauderdale, Florida 33309						
The street addr	ess of its registered office ar be identical.		dress of the busin	ess office of its reg	gistered agent,		
	as authorized by resolution he board, or the corporation						
Signati	re of an officer or director		TERRY N.	ROBERTSON Typed name and little	PROS		
I hereby accept I further agree of my duties, at document is be corporation ha	the appointment as register to comply with the provision ad I am familiar with and ac- ing filed merely to reflect a s been aptified in writing of	red agent and a ns of all statute. cept the obliga change in the re this change.	gree to act in this s relative to the p tion of my positio egistered office a	s capacity, roper and complet n as registered ag ddress, I hereby co	e performance ent. Or, if this onfirm that the	e 5	
Bace	R. / Satur nature of Registered Agent		10.13.10	9			
If signing on bo	chalf of an entity:		•	Date			
7	yped or Printed Name	<u> </u>					
	* * *	FILING FEE:	\$35.00 * * *				

MAKE CIECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)