558432

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	: #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WORLD AVILTION GROSSP, INC. Name of Corporation
DOCUMENT NUMBER: U 58432
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:
John G. ALBRIGHT Name of Contact Person
Name of Contact Person Word Survey INC. Firm/Company
9713 CARBONDALE DR. EAST Address
TACKSONVILLE FL 32208 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: JOHN ANGAT at (904) 964-2235 Name of Contact Person Area Code & Daytime Telephone Number

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

Malling 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

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

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 <u>FLOVIDA</u> in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: WORLS HUISTION GROLP, INC	
2. The principal office address: 9713 CARBON DICE DIC, KEST	
TACKGONVILLE TO 32208	
3. The mailing address (if different): P. O. Box 62159	
JACKGONVILLE, Fr 32208	
4. Date of incorporation/qualification: 2/20/9/ Document number: \(\tau 5 \) 4 3 2	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
JOHN G. ALBRIGHT	
300 SW KIRBY LUE TO	CO)
6. The name and street address of the new registered agent (if changed) and for registered office	CRETA
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ARY OF STA
P.O. Box NOT acceptable	<u> </u>
JACKSONVILLE, For 32208	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	1
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or dyfector Printed or typed name and title	15
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Signature of Registered Agent Nov. 18 2013 Date	
(/ If signing on behalf of an entity:	
JOHN G. ALBRIGHT Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *