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SECRETARY OF STATE OF STORES

· COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Oircraft Engineer</u> (Name of Limited	ting a Fabrication, LhC d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Todd Wittoff (Name of Person)	
aircraft Engineering & Fa	brication, LAC
1501 ainway Circle	
New Smyrna Beach, FL (City/State and Zip Code)	32168
For further information concerning this matter, ple	ease call:
Todd Wit Koff at () (Name of Person)	386) 852 - 4793 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



fax

Subject: Change of Registered agent correction

cc

Date:

October 23, 2007

To: Marsha

Phone Number:

Fux Number: 850-245-6030

From: Mike Pilcher Aircraft Engineering & Fabrication

Phone Number: 386-847-6928 Fax Number: 386-427-8906

Comments: In closed is a" Change of Registered Agent" form, that we sent in last week which was not signed on the bottom. I have also put a line through my name on paragraph # 6. This was per our phone conversation today, Thanks, Mike

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: <u>Ourcraft Engineering + Fabrication</u> , LLC
2. The mailing address of the limited liability company is: 1501 Qurway Circle.
New Smyrna Beach, FL 32168
December 10, 2003 3. Date of filing/registration in Florida LO300054387 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Robert Dean Carlson Name N
6. The name and address of the new registered agent and/or office: Todal Witkoff Metal Pilder MIRD Name 2159 Van Orman Prine Florida street address (P.O. Box NOT acceptable)
City, State and Zip
If the limited liability company is not organized under the laws of the Stand Florida, it is hereby confirmed that after the change or changes are made, the Florida strands of the registered office and the business office of the registered agent will be identical asse of a Florida limited liability company, it is hereby confirmed that the change(s) was/was authorized by an affirmative vote of the members of the limited liability company or as otherwises to vided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Robert Dean Carlson (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)

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