

N1000000513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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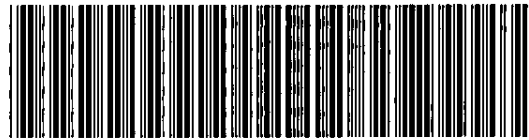
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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DEC 30 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: East Central Florida Honor Flight
Name of Corporation

DOCUMENT NUMBER: NI 000000513

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:

Suzanne Olson
Name of Contact Person

East Central Florida Honor Flight
Firm/Company

P.O. Box 560975
Address

Rockledge FL 32956
City/State and Zip Code

schonorflight@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Olson at (407) 427-0508
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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: East Central Florida Honor Flight
2. The principal office address: 95 Sheridan St
Satellite Beach FL 32937
3. The mailing address (if different): P.O. Box 560975
Hockley FL 32956
4. Date of incorporation/qualification: 4-11-11 Document number: N11000000513
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)

Pat Nelson
95 Sheridan St
Satellite Beach, FL 32956

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Suzanne Olson
2610 Pinto Circle
P.O. Box NOT acceptable
Cocoa FL 32926

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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]
Signature of an officer or director

William Welsor III PRESIDENT
Printed or typed name and title

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.

Suzanne Olson
Signature of Registered Agent

12-21-11
Date

If signing on behalf of an entity:

Suzanne Olson
Typed or Printed Name

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