

N110000000513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

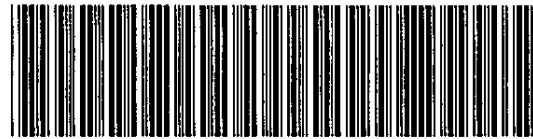
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800235338498

06/04/12--01015--009 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN -4 PM 4:03

Rolch
10 @ 6/5/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Space Coast Honor Flight
Name of Corporation

DOCUMENT NUMBER: N 11000000513

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

Space Coast Honor Flight
Firm/Company

820 Barnes Blvd
Address

Rockledge FL 32955
City/State and Zip Code

info@spacecoasthonorflight.org
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Space Coast Honor Flight
2. The principal office address: 820 Barnes Blvd
Rockledge FL 32955
3. The mailing address (if different): PO Box 560975
Rockledge 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)
Suzanne Olson
2610 Pinto Circle
Cocoa FL 32926

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

Suzanne Olson
820 Barnes Blvd
P.O. Box NOT acceptable
Rockledge FL 32955

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JUN -4 PM 4:03

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 WALSH PROVIDENT
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

5/25/12
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)