

N110000000513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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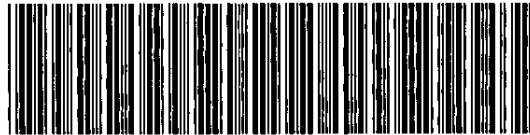
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE  
2016 AUG 10 AM 8:30

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## 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:

Teri Eno-Maxner

Name of Contact Person

Space Coast Honor Flight

Firm/Company

P.O. Box 560975

Address

Rockledge FL 32956

City/State and Zip Code

teri@terieno.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teri Eno-Maxner

Name of Contact Person

at ( 321 ) 759-1063

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: Space Coast Honor Flight
2. The principal office address: 406 Ormond Dr Indialantic FL 32903
3. The mailing address (if different): P.O. Box 560975, Rockledge FL 32956
4. Date of incorporation/qualification: Jan 18, 2011 Document number: N 11000000513

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)

Teri Eno-Maxner

800 S. Riverside Dr.

Indialantic FL 32903

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

Teri Eno-Maxner

406 Ormond Dr.

P.O. Box NOT acceptable

Indialantic FL 32903

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.

Teri Eno-Maxner, Treasurer  
Signature of an officer or director

Teri Eno-Maxner  
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.

Teri Eno-Maxner  
Signature of Registered Agent

July 27, 2016  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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