

N95000004669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

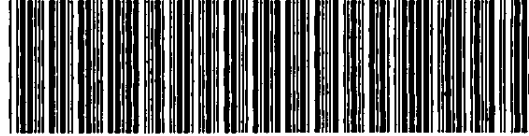
(Business Entity Name)

(Document Number)

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2018 MAY 14 AM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAY 16 2018  
I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Change President

Name of Corporation

**DOCUMENT NUMBER:** N95000004609

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:

Jason Watkins

Name of Contact Person

Tony Jannus Distinguished Aviation

Firm/Company

PO Box 21071

Address

TAMPA, FL 33622

City/State and Zip Code

jwatkins@tampaairport.com

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

For further information concerning this matter, please call:

Jason Watkins

Name of Contact Person

at ( 813 ) 870-8717

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2018

JASON WATKINS  
TONY JANNUS DISTINGUISHED AVIATION  
P.O. BOX 21071  
TAMPA, FL 33622

SUBJECT: TONY JANNUS DISTINGUISHED AVIATION SOCIETY, INC.  
Ref. Number: N95000004609

We have received your document for TONY JANNUS DISTINGUISHED AVIATION SOCIETY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must have original signatures.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 618A00006487

RECEIVED  
18 MAY 14 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Tony Jannus Distinguished Aviation Society
2. The principal office address: 242 Arbor Woods Circle  
Oldsmar, FL 34677
3. The mailing address (if different): PO Box 21071  
TAMPA, FL 33622
4. Date of incorporation/qualification: 09/25/1995 Document number: N95000004609

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)

Richard Newton, JR (Resigned)

1927 Massachusetts Ave, NE

Saint Petersburg, FL 33703

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

Alison Hoefler

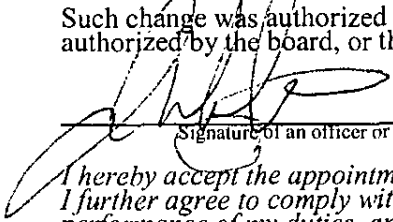
3853 Northdale Blvd, #359

P.O. Box NOT acceptable

Tampa, FL 33624

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

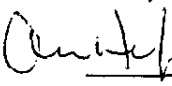
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jason Watkins, Treasurer

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.

  
Alison Hoefler

Signature of Registered Agent

3/26/18

Date

If signing on behalf of an entity:

Alison Hoefler

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