(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: Called LINO 1/26 OK to contract form For Ro and CRG				

Office Use Only



700085594067

01/25/07--01022--011 **35.00

COVER LETTER

TO:		ent Section of Corporations	•	
süвл	ECT:	AVIATION	MASTERS (Name of Corporation)	Inc.
DOCL	MENT N	UMBER:		
The en	closed Stat	tement of Change of Re	gistered Office/Agent and	fee are submitted for filing.
Please	return all c	correspondence concern	ing this matter to the follo	wing:
		EINO	(Name of Contact Person) (1 N S N
		AVIATI	(Firm/Company)	es inc
		3599	AVE.S.	Ste#11
			WORTH FL (City/State and Zip Code)	
For fur	ther inforn	nation concerning this r		,
		_	•	Code & Daytime Telephone Number)
Enclos	ed is a \$35	.00 check made payable	e to the Department of Stat	te.
		Mailing Address Amendment Se Division of Cor P.O. Box 6327	ction A: rporations D C	reet Address: mendment Section ivision of Corporations lifton Building

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	
in order to change its registered office or regis	
1. The name of the corporation: AVIATION	MASTERS INC.
2. The principal office address: 3599 23	ord AVE. S. Ste #11,
LAKE WORTH, FL 331	461
3. The mailing address (if different):	
4. Date of incorporation/qualification:	Document number:
5. The name and street address of the current registered. Florida Department of State: EINO KY 5.205	agent and registered office on file with the MALAINEN RESTA
- Boynton	BEACH, L 3393/
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office WALA/NEW ARE ARE ARE ARE ARE ARE ARE ARE ARE AR
40-56 LAKE OSA (P.O. Box NOT acceptable)	FL 3346/ FEE, FLEE
The street address of its registered office and the street as changed will be identical.	t address of the business office of its register age
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.
(Signature of an officer or director)	EINO KYMALLINEN PRESIDENT (Printed or typed name and title) Dog Aven
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to ref hereby confirm that the corporation has been notified to	
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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