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(Requestor's Name)					
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Special Instructions to Fi	ling Officer:				
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Office Use Only



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R.A. Change

C.COULLIETTE

MAY 1 2 2010

EXAMINER

COVER LETTER

TO:	Amendment S Division of C							
SUBJECT: Sabrina Aviation Corporation Name of Corporation								
DOC	UMENT NUM	ъ.	00000063043					
The er	nclosed Stateme	nt of Change of Registered O	ffice/Agent and fee are subm	itted for filing.				
		spondence concerning this ma		•				
		•	-					
			sa Daniels					
		Name of	Contact Person					
		Cornerete Eil	ing Colutions III C					
			ing Solutions, LLC /Company					
		1 1111	Company					
	•	425 Boylstor	Street, 3rd Floor	•				
		A	Address					
		Boston	, MA 02116					
		City/State	and Zip Code					
		mdaniels@filin	asmadeeasy.com					
	mdaniels@filingsmadeeasy.com E-mail address: (to be used for future annual report notification)							
For fu	rther informatio	n concerning this matter, pleas	se call:					
	Ma	alissa Daniels	at (888)	237-3410				
	Name	of Contact Person	Area Code & Day	time 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	Clifton Build	Section forporations ing ve Center Circle				

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED FOR CORPORATIONS

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	e of Florida
1. The name of	the corporation: Sabri	na Aviation Co	orporation	
_	office address: 99 Nes	sbit Street, PO D)rawer 511447	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	6/28/2000	Document number:	P0000063043
	d street address of the cur timent of State: (If resign		at and registered office on fi	le with the
	Corporate Filing S	olutions, LLC		
	7630 Lago Del Ma	r Drive, STE. 10)	1 SE 3
	Boca Raton, FL 33	3433		10 MAY -7
6. The name and (if changed):	i street address of the nev	w registered agent (i	f changed) and /or registere	ed office
	Corporate Filing Se	olutions, LLC		8: 33 FLOR
	155 Office Plaza D		···-	<u> </u>
	Tallahassee, FL 32	P.O. Box NOT acc	ceptable	
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	of its registered agent,
Such change was authorized by the	ns authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or l ed in writing of the change	oy an officer so
Signatur	e of an officer or director	<u>aotae</u>	Anastasios Parafe	
I hereby accept I further agree t of my duties, an document is bei corporation has Corporate Filing	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec been notified infwriting Soluticks LLC	istered agent and a isions of all statute. d accept the obliga it a change in the re g of this change.	gree to act in this capacity is relative to the proper and tion of my position as reging egistered office address, T	, d complete performance stered agent. Or, if this hereby confirm that the
•	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	omas B. Rosedale yped or Printed Name			

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