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DATE: 7/7/14

NAME: CAE CIVIL AVIATION TRAINING SOLUTIONS, INC.

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Polle

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

Pursuant to the provisions of sections statement of change is submitted for in order to change its regist	a corporation organiz	ed under the laws of the Sta	ite of Flo	this rida		
1. The name of the corporation: CA	AE CIVIL AVIA	TION TRAINING	SOLUTION	ONS, INC.		
2. The principal office address:	BLVD	TAMPA	FL	33634		
3. The mailing address (if different):						
2929 W. AIRFIELD DRIVE, P.	O. BOX 619119	DALLAS	TX	75261		
4. Date of incorporation/qualification: October 11, 2000 Document number:			P00000	P00000096062		
5. The name and street address of the Florida Department of State: (If re			file with the			
	CT Corporation	n System		برد هد		
1200 S Pine Island Road				产 意		
	Plantation, FL	. 33324		として		
6. The name and street address of the (if changed): National Co		(if changed) and /or registe arch, Ltd., Inc.	ered office	13 to 22		
155 Office I	Plaza Drive		r			
	P.O. Box NOT a	cceptable	······································			
Tallahasse	e, FL 32301					
The street address of its registered of as changed will be identical.	office and the street ac	ddress of the business offic	e of its registe	ered agent,		
Such change was authorized by reso authorized by the board or the corp	olution duly adopted boration has been notifi-	by its board of directors or fied in writing of the chang	by an officer : ge.	so		
Signature of an officer or director		Glenn Frederick - Executive Vice		mercial Aviation Training		
I hereby accept the appointment as I further agree to comply with the p performance of my duties, and I am agent. Or, if this document is being hereby confirm that the corporation Signature of Registered Agent	rovisions of all statut familiar with and ac	agree to act in this capaci es relative to the proper ar cept the obligation of my p	ty. id complete osition as reg id office addre	istered sss, I		
If signing on behalf of an entity:						
A! - 4 4 O						

Sean Honan, Assistant Secretary

Typed or Printed Name

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