Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000161076 3)))



H090001610763ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

AIRTIME TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/10/2009

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

statement of ch	ange is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statut ganized under the laws of the State of Flori distered agent, or both, in the State of Florid	ida
	the corporation: AIRTIME TECHN		
2. The principal	l office address:	GA 30303	
4. Date of incom	rporation/qualification: 01/22/2002	Document number: P020000098	804
	ed street address of the current registere artment of State:	d agent and registered office on file with the	;
	Dean Keil		TS ZE
	5019 80th Terrace South		ECKE
	Lake Worth, FL 33467		ASA IS
6. The name an (if changed):		gent (if changed) and /or registered office	AM IO
	Corporation Service Company		RA -
	1201 Hays Street		OF -
	(P.O. Box NOT accept	able)	
	Tallahassee, FL 32301		
The street addi	ress of its registered office and the str ll be identical.	eet address of the business office of its reg	istered agent,
Such change wanthorized by	vas authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an office inotified in writing of the change.	cer so
Ma	un h	Maureen Cullen, Attorney in Fact	:
I hereby accep I further agree of my dulies, a document is be corporation ha	ture of an officer of director)  If the appointment as registered agent  to comply with the provisions of all s  ind I am familiar with and accept the  cing filed merely to reflect a change in  is been notified in writing of this chan  ion Service Company	(Ptinted of typed name and luts)  I and agree to act in this capacity,  Italities relative to the proper and complete  obligation of my position as registered ago  in the registered office address, I hereby co  ige.	e performance ent. Or, if this nfirm that the
D 1//	11 41	07/02/2009	
7	lighature of Registered Agent)	(Date)	
If signing on b	ehalf of an entity:		
	Dawson, Asst. Vice President		
	,	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)