## PDZDDD024240

(Requ	iestor's Name)	
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ACCOUNT NO. : I2000000195

REFERENCE : 111437 7961337

AUTHORIZATION

COST LIMIT

ORDER DATE: April 29, 2014

ORDER TIME: 8:42 AM

ORDER NO. : 111437-005

CUSTOMER NO: 7961337

CHANGE OF AGENT

NAME: CONTRAILS CAPITAL INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 62956

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617. ange is submitted for a corporation or ar to change its registered office or rej	ganized under the la	ws of the State of	Florida		
	the corporation: CONTRAILS CAPITA	-	·			
2. The principal Boca Raton	office address: 750 NE Spanish Rive	er Blvd, #505				
3. The mailing a	address (if different):		•			
4. Date of incor	poration/qualification; 03/05/2002	Document	number: P02000	024240		
	d street address of the current registerent and state: (If resigned, enter resi		ed office on file v	vith the		
	John S. Gleason			~		
	750 NE Spanish River Blvd, #505					
	Boca Raton	FL	33431	_		
6. The name and (if changed):	istreet address of the new registered a	agent (if changed) an	d /or registered o	ffice		
				-		
1201 Hays Street P.O Box NOT acceptable						
	Tallahassee	•	32301	_		
The street address changed will	ess of its registered office and the stree be identical.	et address of the busi	ness office of its	registered agent,		
Such change wa authorized by th	as authorized by resolution duly adopt the board, or the corporation has been in	ed by its board of dir totified in writing of	ectors or by an of the change.	fficer so		
(h)	ie of an officer of duestor	John S. Gleason	or typed name and title	President		
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent a to comply with the provisions of all su my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified in Service Company					
By:	unture of Registered Agent	05/23/201	Date			
If signing on be	half of an entity:					
	ki, Assistant Vice Preside	ent				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)