

PO2000020001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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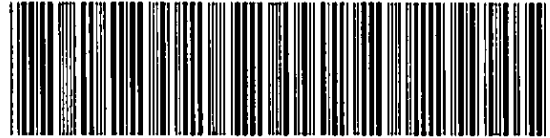
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 25 PM 12:43

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MAY 29 2018
T. LEMIEUX

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRIAD AERO SALES, CORP.

Name of Corporation

DOCUMENT NUMBER: P02000026001

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERCEDES MEDINA

Name of Contact Person

TRIAD AERO SALES, CORP.

Firm/Company

5603 NW 159TH STREET

Address

MIAMI GARDENS, FL 33014

City/State and Zip Code

triadaerosales@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mercedes Medina

Name of Contact Person

at (305) 406-3885

Area Code & Daytime 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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRIAD AERO SALES, CORP.
2. The principal office address: 7525 NW 74TH AVENUE
MEDLEY, FL 33166
3. The mailing address (if different): 5603 NW 159TH STREET
MIAMI GARDENS, FL 33014
4. Date of incorporation/qualification: 03/08/2002 Document number: P02000026001
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MERCEDES MEDINA

5603 NW 159TH STREET

MIAMI GARDENS, FL 33014

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MERCEDES MEDINA

7525 NW 74TH AVENUE

P.O. Box NOT acceptable

MEDLEY, FL 33166

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Julio J Medina
Signature of an officer or director

JULIO J MEDINA - VD

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mercedes Medina
Signature of Registered Agent

05/22/18

Date

If signing on behalf of an entity:

Typed or Printed Name

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