P0200080622

(Requestor's	Name)						
(Address)							
(Address)							
(City/State/Z	p/Phone #)						
PICK-UP W	/AIT MAIL						
(Business E	ntity Name)						
(Document Number)							
Certified Copies Ce	rtificates of Status						
Special Instructions to Filing Off	icer:						
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SECRETARY OF STATE

achardha



February 25, 2003

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Madam or Sir:

Here is the necessary form to change the registered agent and address for IAAG. A check for the required \$35.00 fee is enclosed. Please contact us if we need to take any further actions in this matter.

Regards,

Robert Cooley

Director – Business Operations

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

	the provisions of sect ned corporation organ				مامان ما ت	8, Florid	a Stat	utes,
	following statement in		-	_		d agent,	or bot	h, in
the State of F	Torida.	lotomor	tional Air Annh.	danna Ona	In a			
1. The name	of the corporation:	mema	tional Air Ambu	mance Gro	up, inc.			
		··						
	ng address of the corpo	oration:_	4585 140th A	venue Nor	th Suite 101	10		·
Cleary	water, FL 33762						.	
3. Date of in	acorporation/qualificati	ion: Jul	y 24, 2002	Docume	ent number:_	P02000	00806	22
4. The name	and address of the cur	rent regi	stered agent and	registered o	ffice:			
	Daniel Duplantis	s (resigr	ned as agent)					
	11801 Cliffwood	d Court						
	Riverview, FL 3	3569						
5. The name	and address of the nev		red agent (if char Box NOT Accep		or registered o	office (if	chang	ed):
	Daniel King							
	4585 14th Ave	nue Nor	th Suite 1010					
	Clearwater, FL	. 33762						
	Idress of its registered							
Such change	was authorized by re	solution	duly adopted by	its board o	of directors of	r by an o	fficer	so
He	1				2/2	5/0	3	
(Signat	ture of an officer, chairman o	ryice chair	man of the board)		- / (D	atc)		
Daniel Ki	ing, President							
	(Printed or typed n						_	
corporation I further agr performance	named as registered I hereby accept the a ee to comply with the of my duties, and I a	agent ar ppointm provisio m famill	nd to accept servent as registered ent as registered ons of All statuted ar with and acc	vice of proce I agent and s relative to ept the oblig	ess for the all agree to act the proper a gation of my	oove state in this c and comp position	ed apacii olete as	у.
registered a	geni.// 2/-	_			2/25	/Es	0	
- W 2	(Signature of Registered A	(gent)			(Dyte)		<u>3</u>	-
If signing on b	chalf of an entity:				/ /	ASSE	EB 26	
	(Typed or Printed Name)	<u>-</u>			(Capacity)	<u> </u>	<u>3</u>	m
		***FI	LING FEE: \$3	5.00 * * *		S TATE	$\dot{\wp}$	O
CR2E045(9/00)				_		, C.	53	
	DIVISION OF CORPORATION	is	P.O. Box 6327	TAL	LAHASSEE, FL 3	2514		

DIVISION OF CORPORATIONS