

P02000098491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

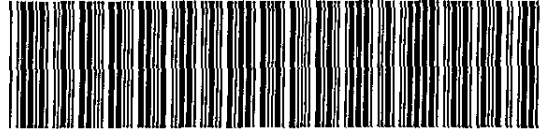
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100021455471

07/15/03--01002--001 **157.50

FILED

03 JUL 15 AM 8:37

CLERK OF STATE
ALLAHASSEE, FLORIDA

PS 7/21/03
PA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARDINAL FLIGHT SERVICES INC
(Name of corporation)

DOCUMENT NUMBER: P02000098491

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:

TOM GODBURN
(Name of person)

CARDINAL FLIGHT SERVICES INC
(Name of firm/company)

1116 ADUGA COURT
(Address)

JACKSONVILLE FL 32259
(City/state and zip code)

For further information concerning this matter, please call:

TOM GODBURN at (904) 476-0039
(Name of person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**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: CARDINAL FLIGHT SERVICES, INC.

2. The principal office address: 1116 AJUGA COURT
JACKSONVILLE FL 32259

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/9/02 Document number: PC2000098491

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

THOMAS R. SHERILL
849 BUCKEYE LANE WEST
JACKSONVILLE FL 32259

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

THOMAS R. GODBURN
1116 AJUGA COURT
(P.O. Box or personal mailbox NOT acceptable)
JACKSONVILLE FL 32259

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.

Thomas R. Godburn
(Signature of an officer, chairman or vice chairman of the board)

THOMAS R. GODBURN, PRESIDENT
(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.

Thomas R. Godburn
(Signature of Registered Agent)

7/10/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 JUL 15 AM 8:37
CLERK OF STATE
TALLAHASSEE, FLORIDA