

PD2000134802

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
APR 28 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AIR AIRCRAFT PARTS CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** P02000134802

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:

**DEBI GHEORGE-ALTEN**

Name of Contact Person

Firm/Company

**PO BOX 771106**

Address

**CORAL SPRINGS, FL 33077**

City/State and Zip Code

**SAJOFINANCIAL@BELLSOUTH.NET**

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

For further information concerning this matter, please call:

**DAVID CRAMMER**

Name of Contact Person

at ( **954** ) **749-3443**

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: AIR AIRCRAFT PARTS CORPORATION
2. The principal office address: PO BOX 771106  
CORAL SPRINGS, FL 33077
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12-27-2002 Document number: P02000134802
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)

ELI GHEORGE

10940 LAKEVIEW DRIVE

CORAL SPRINGS, FL 33071

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

DEBI GHEORGE-ALTEN

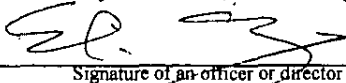
10971 CYPRESS RUN CIRCLE

P.O. Box NOT acceptable

CORAL SPRINGS, FL 33071

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.

  
Signature of an officer or director

ELI GHEORGE

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.*

  
Signature of Registered Agent

4/7/14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

APPROVED  
AND  
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