

PD3 0000044545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

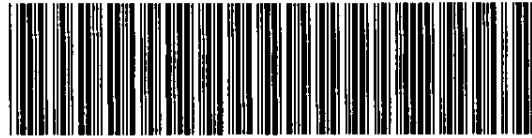
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 29 AM 11:26
STATE OF CALIFORNIA
DEPARTMENT OF REVENUE

R. A. Cheng
CA 10/31/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beacon Aviation Insurance Services, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Robert McManus

Name of Contact Person

Beacon Aviation Insurance Services, Inc.

Firm/Company

715 N Washington Blvd. Suite C

Address

Sarasota, FL 34236

City/State and Zip Code

bob.mcmanus@beaconais.com

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

For further information concerning this matter, please call:

Robert McManus

Name of Contact Person

at (**941**) **953-5390**

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: Beacon Aviation Insurance Services, Inc.
2. The principal office address: 715 N Washington Blvd. Suite C
Sarasota, FL 34236
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/18/2003 Document number: P03000044515
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)

Thomas E Danson
715 N Washington Blvd. Suite C
Sarasota, FL 34236

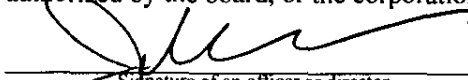
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John B Cunningham
715 N Washington Blvd. Suite C
P.O. Box NOT acceptable
Sarasota, FL 34236

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DIVISION OF
CORPORATIONS
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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.

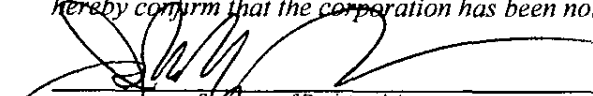


Signature of an officer or director

John B Cunningham

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

Sept. 18, 2012

Date

If signing on behalf of an entity:

Typed or Printed Name

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