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SECRETARY OF STATE
TARASSEE, FLORID

ASC 10/20/10

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: CLEARWATER AVIAT						
SUBJECT: CLEARVVATER AVIAT	Corporation ;					
DOCUMENT NUMBER: PO	3000049579					
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:						
•						
JAMES H COLLIER SR Name of Contact Person						
Name of C	London Person					
COLLIER'S ACCOUNTING & BOOKKEEPING SERVICE						
	Company					
	IER ROAD					
Address						
	UEV EL 24000					
PORT RICHEY, FL 34668 City/State and Zip Code						
·						
jcolli58@yahoo.com E-mail address: (to be used for future annual report notification)						
(,					
For further information concerning this matter, please	se call:					
JAMES H COLLIER SR	at (727) 842-2200					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Dep	partment of State.					
Mailing Address:	Street Address: Amendment Section					
Amendment Section Division of Corporations	Amendment Section Division of Corporations					
P.O. Box 6327	Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

4. Date of incorporation/qualification:	Pursuant to the provisions of sections of statement of change is submitted for a community in order to change its register.	corporation organize	d under the laws of the Sta	te of
CLEARWATER, FL 33762 3. The mailing address (if different): 4. Date of incorporation/qualification:	1. The name of the corporation: CLE	ARWATER AV	IATION ACADEM	Y, INC.
4. Date of incorporation/qualification:		AIRPORT PAR	KWAY	
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) KNAUST & ASSOCIATES, PA 2167 5TH AVE N ST PETERSBURG FL 33713 6. The name and street address of the new registered agent (if changed) and /or registered office PART (if changed): JAMES H COLLIER 7840 PIER ROAD P.O. Box NOT acceptable PORT RICHEY, FL 34668 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. I harther agree to comply with the provisions of all statues 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 merger to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. 10/16/2010 Bate 10/16/2010 Date	3. The mailing address (if different):			
Florida Department of State: (If resigned, enter resigned) KNAUST & ASSOCIATES, PA 2167 5TH AVE N ST PETERSBURG FL 33713 6. The name and street address of the new registered agent (if changed) and /or registered office PATE 100 BR 100 B	4. Date of incorporation/qualification:	05/02/2003	Document number:	P03000049579
2167 5TH AVE N ST PETERSBURG FL 33713 6. The name and street address of the new registered agent (if changed) and /or registered office PHT 100 PC			nt and registered office on t	file with the
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	Signature of Registered Agent	<u> </u>		2010
IAMES LLCOLLED SD	If signing on behalf of an entity:			
Typed or Printed Name	JAMES H COLLIER SI	₹		

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