

PO3000077169

(Requestor's Name)

AE  
2113 Climbing Day Dr  
Tampa FL 33618

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32311

C. Ouellette JAN 08 2004

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : AE PERFORMANCE SOLUTIONS  
INCORPORATED
2. The mailing address of the corporation : 2113 CLIMBING IVY DRIVE  
TAMPA FLORIDA 33618
3. Date of incorporation/qualification: 7-9-2003 Document number: P03000077169
4. The name and address of the current registered agent and registered office:

MARY OLINGER  
6902 7th AVENUE East  
TAMPA Florida 33619

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):  
(P.O. Box NOT Acceptable)

GAIL WRIGHT  
2113 CLIMBING IVY DRIVE  
TAMPA FLORIDA 33618

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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.

Gail Wright 12/25/03  
(Signature of an officer, chairman or vice chairman of the board) (Date)

GAIL WRIGHT SECRETARY  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Gail Wright 12/25/03  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

GAIL WRIGHT Reg Agent  
(Typed or Printed Name) (Capacity)

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