

PO4000094368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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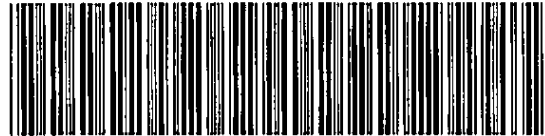
(Business Entity Name)

(Document Number)

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2011 MAY 29 PM 33
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAY 30 2013

T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABS Aviation Consultancy, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000094368

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:

Michael A. Hodges
Name of Contact Person

ABS Aviation Consultancy, Inc
Firm/Company

131 Hollybrook Dr.
Address

FLAT ROCK, N.C. 28731
City/State and Zip Code

m.hodges@absaviation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Hodges at (813) 855 3600
Name of Contact 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
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ABS AVIATION CONSULTANCY, INC
2. The principal office address: 131 Hollybrook Dr., FLAT ROCK, N.C. 28731
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-21-2004 Document number: P04000094368
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)
Michael A. Hodges
680 Airport Rd.
Fernandina Beach, FL 32034
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
4915 Rattlesnake Hammock Rd., Suite 107
P.O. Box NOT acceptable
Naples, FL 34113

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]
Signature of an officer or director

Michael A. Hodges 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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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

✓ MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
2010 JUN 26 P 12:33
CLERK OF STATE
TALLAHASSEE, FL 32310