

(Requestor's Name)
•
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(Audiess)
<u> </u>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
FALLAHASSEF FINIE

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COVER LETTER

Amendment Section Division of Corporations

TO:

CUDINGS	JetFirst Inc.				
SUBJECT:		Name of Corporation)		
DOCUMENT NU	JMBER: P0500	0087461			
The enclosed State	ement of Change of Regist	ered Office/Agent ar	nd fee are submitted for filing.		
Please return all co	orrespondence concerning	this matter to the fol	lowing:		
	_				
	—·	ddie Kuffo			
	(Na	ame of Contact Perso	on)		
JetFirst Inc.					
(Firm/Company)					
	42 :	Swallow Dr.			
(Address)					
Miami Springs, Fl 33166					
(City/State and Zip Code)					
For further inform	ation concerning this matte	er, please call:			
Eddie Kuffo		at (56	1) 689-0011		
	ame of Contact Person)	ar (_00 (Ar	ea Code & Daytime Telephone Number)		
Enclosed is a \$35.0	00 check made payable to	the Department of S	tate.		
	Mailing Address:		Street Address:		
	Amendment Section		Amendment Section		
	Division of Corpor		Division of Corporations		
	P.O. Box 6327		Clifton Building		
	Tallahassee, FL 32	.514	2661 Executive Center Circle		

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of Fl r to change its registered office or registered agent, or both, in the State of Flo	orida	is ———	_
1. The name of t	he corporation: JetFirst Inc.			
	office address; 325 Clematis St. Suite 334			
	West Palm Beach, FI 33401			
3. The mailing ac	ddress (if different): 42 Swallow Dr			
	Miami Springs, FL 33166			
4. Date of incorp	oration/qualification: 6-17-2005 Document number: P0500008	7461		
	street address of the current registered agent and registered office on file with tment of State:	the		
	Christopher Doscher	E.	_	
	1517 Perimeter Rd. Suite 521	LLAH	07 MA	777
	West Palm Beach, Fl 33406	TAR ASS	R -6	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	Y OF ST	PH 12:	ED
	Eddie Kuffo	RID/	32	
	325 Clematis St. Suite 334	*		
	(P.O. Box NOT acceptable)			
	West Palm Beach, FI 33401			
The street address as changed will	ss of its registered office and the street address of the business office of its r be identical.	egistere	d ager	ıt,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an of e board, or the corporation has been notified in writing of the change.	ficer so		
	Christopher Doscher			_
	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete I am familiar with and accept the obligation of my position as registered as a client merely to reflect a change in the registered office address, I hereby to be motified in writing of this change.	•	orman Or, if th that th	ice his he
	2/1/-			
(Sign	nation Registered Agent) (Date)			-
If signing on beh	alf of an entity:			
(T)	/ped 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 (8/05)