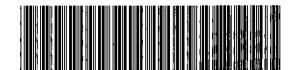
20000050359

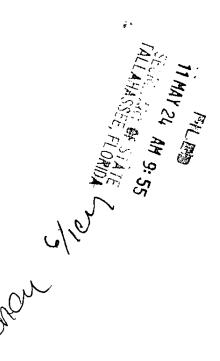
FRANCIS BARBER
(Requestor's Name)
5 Share DR. Eagt
(Address)
Coconut Grove, FL 33133
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certifical Copies Certificates of Claus
Special Instructions to Filing Officer:
!
<u> </u>

Office Use Only



700207639297

05/24/11--01012--024 **35.00



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 ofFLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ATLANTIC JET SOUTH, INC. 2. The principal office address: 9914 NW 65" MANOR PARKCAND FC 33076
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 04/10/2006 Document number: P060000 90 35
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) FRANCIS BARBER SINGLE DRIVE EAST COCONYT GROVE FL 33133 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DANE MAINGOT 9914 NW 65 *** MANOR PARKLAND FL 33076 45
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 DANE MAINGOT DIRECTOR. Printed or typed name and little
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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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