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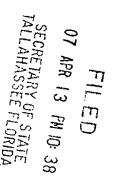
| (Ke | equestor's Name) | | | |
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| (Address) | | | | |
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| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
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| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: JET TITLE, INC. (Name of Corporation) | | | | |
| DOCUMENT NUMBER: P06000101315 | | | | |
| 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: | | | | |
| JOSEPH VALDEZ (Name of Contact Person) | | | | |
| JET TITLE INC (Firm/Company) | | | | |
| 14452 Bruce B. Downs Blud. | | | | |
| (Address) | | | | |
| TAMPA /FLORIDA / 33613 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| JOSEPH VALDEZ (Name of Contact Person) at (813) 830 - 7572 (Area Code & Daytime Telephone Number) | | | | |
| (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 Amendment Section | | | | |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

5×1/6,

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

| statement of chan | rovisions of sections 607.0502, 617.0 ge is submitted for a corporation org to change its registered office or reg | anized under the laws of the State of | , |
|----------------------------------|--|---|---|
| 1. The name of th | ne corporation: JET TiT | LE INC. | |
| 2. The principal of | office address: 14452 Bruc | ce B. Downs Blud. | |
| | Tampa, Fl | 33613 | |
| 3. The mailing ad | dress (if different): | | <u> </u> |
| 4. Date of incorp | oration/qualification: Aug. 2,20 | 06 Document number: P06 | 000101315 |
| 5. The name and Florida Depart | street address of the current registered ment of State: | d agent and registered office on file v | vith the |
| | JOSEPH VALT | 530 | |
| | | TERPALE | |
| | LUTZ, FL 3 | 33549 | _ |
| 6. The name and (if changed): | street address of the new registered a | | 07 SE(|
| | JOSEPH VALDI | <u> </u> | FILE APR 13 RETARY AHASSE |
| | 14452 Bruce (PO Box NOT accepts) | B. Downs Blud. | FILED PR 13 PM ETARY OF AHASSEE FI |
| | Tampa, FL | B. Downs Blud. able) 33613 | FSI G |
| The street addre as changed will | ss of its registered office and the strobe identical. | eet address of the business office of | its tegistered agent, |
| | s authorized by resolution duly adop e board, or the corporation has been | | |
| Josep | h D. Vald re of an officer or expector) | TOSEPH D. VA | |
| , , | the appointment as registered agent o comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this chan | • | |
| Josep | oh D. Volg nature of Registered Reent) | April 3, 20 | 07 |
| If signing on bel | $\boldsymbol{\mathcal{O}}$ | (Date) | |
| | | | |
| T) | yped or Printed Name) | | |

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