

PO 6000134819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700210426207

08/02/11--01013--003 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -2 PM 2:00

R.A. Chg.
C.COULLIETTE

AUG 03 2011

EXAMINER



**CAPITOL
SERVICES**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

**ATTN: Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314**

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NIGHT FLIGHT CONCEPTS, INC.
Name of Corporation

DOCUMENT NUMBER: P06000134819

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:

Myra Homer
Name of Contact Person

Capitol Services Registered Agent Department
Firm/Company

800 Brazos, Suite 400
Address

Austin, Texas 78701
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Homer at (800) 345-4647
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**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 7/29/2011
STATE: FLORIDA
REP UNIT: NIGHT FLIGHT CONCEPTS, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #21775 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-15760G

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Night Flight Concepts, Inc.
2. The principal office address: 1500 Brown Trail, Suite 225, Bedford, Texas 76022
3. The mailing address (if different): 1500 Brown Trail, Suite 225, Bedford, Texas 76022
4. Date of incorporation/qualification: 10/24/2006 Document number: P06000134819
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)

Adam Aldous

6968 HERITAGE DRIVE, PORT ST. LUCIE FL 34952

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.

155 Office Plz Dr, Ste A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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

Adam Aldous
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.

DeLanie Case
Signature of Registered Agent

7-29-11
Date

If signing on behalf of an entity:

DeLanie Case, asst. sec.
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 (8/05)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG -2 PM 2:00