## P0600013676

(Requ	estor's Name)	
(Addr	ess)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	





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SECRETARY OF STATES
TALLYHASSEE FLORIDA



## **COVER LETTER**

Division of Corporations		
SUBJECT: Air Advantage Inc. Name of Corporation		
DOCUMENT NUMBER: PO6 000136876		
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:		
Tressie Martin Tim Mallory Name of Contact Person		
Air Advantage, Inc.		
_ 2850 Lake Silver Rd_		
Cresty ew FL 32536 City/State and Zip Code		
tmallory@theair advantage.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
11m 1 1 1 210 1 4 3 50 7 + 4 5283		
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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Air Advantage, Inc
2. The principal office address: 0800 Lake Silver Rol
Crestiew, FL 32536
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 2000 Document number: PO 60013687 Co
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)
Timothy Mallory
22325 Palmorest Dr
Panama City Beach FL 32413
6. The name and street address of the new registered agent (if changed) and /or registered office
Timothy Mallory
2850 lake Silver Rd
Crestviau, A 32536
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.
Tressie L. Martin/Corp. Sec
Signature of an officer or director  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 copporation has been notified in writing of this change.
2/10/2017
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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