| (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



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COVER LETTER

| Division of Corporations | |
|---|--|
| . OC NODTH AVIATION INCORPOR | ATED |
| SUBJECT: 26 NORTH AVIATION INCORPOR (Name of Corp.) | |
| (Nume of Corp | oration) |
| DOCUMENT NUMBER: P07000009584 | |
| The enclosed Statement of Change of Registered Office/A | gent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| | |
| Post-Formation Filings | |
| (Name of Contact | ct Person) |
| | |
| MyCorporation (7) | |
| (Firm/Comp | oany) |
| | • |
| 26520 Agoura Rd. (Addres | |
| (Addres | 5) |
| Coloboros Colifornio 04200 | |
| Calabasas, California 91302 (City/State and 2 | Zin Code) |
| ` , | • |
| For further information concerning this matter, please call | : |
| Post-Formation Filings | at (818) 879-9079 |
| (Name of Contact Person) | at (818) 879-9079 (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Departme | ant of State |
| Enclosed is a \$33.00 effect made payable to the Departme | in of State. |
| 77 | St. (A.I.) |
| <u>Mailing Address:</u> Amendment Section | Street Address: Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | Tallahassee, FL 32301 |

TO:

Amendment Section

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 Statute ange is submitted for a corporation organized under the laws of the State of Florida Statute of State of Florida State of State of Florida State of Florida State of Florida State of Florida State of State o | da | | |
|-------------------------------|--|---|-----------------------------|---|
| | er to change its registered office or registered agent, or both, in the State of Florida the corporation: 26 NORTH AVIATION INCORPORATED | 1. | | |
| • | | | | |
| 2. The principal | office address: 917 Centerbrook Dr., Bandon, Florida 33511 | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 01/22/07 Document number: P07000009 | 584 | | |
| | d street address of the current registered agent and registered office on file with the rtment of State: | | | |
| | Jacynthia J. Lamb | | | |
| | 917 Centerbrook Dr. | | | |
| | Bandon, Florida 33511 | JAT 32 | 200 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | CRETAR | 2008 JUL -: | - |
| | NRAI Services, Inc. | | 7 AM | |
| | 2731 Executive Park Drive., Suite 4 | FLOR | ي | C |
| | (P.O. Box NOT acceptable) | 57 | 8 _† | |
| | Weston, Florida 33331 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| The street addr | ess of its registered office and the street address of the business office of its registered. | istered | agent, | |
| | as authorized by resolution duly adopted by its board of directors or by an offic he beard, or the corporation has been notified in writing of the change. | | | |
| Wift | Walter Garner, President | | | |
| I hawahu aaaan | (Printed or typed name and title) If the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete to am familiar with and accept the obligation of my position as registered age ing filed merely to reflect a change in the registered office address, I hereby coist been notified in writing of this change. | e perfor ent. Or nfirm th | mance if this hat the | |
| (S | ignature of Registered Agent) (Date) | | | |
| If signing on b | ehalf of an entity: | | | |
| | Record, Asst. Sec. | | | |
| | Typed or Printed Name) | | | |

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