

Office Use Only



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JAN 0 5 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: December 19, 2018

Order#: 552300/005

Re: SILVER WINGS AEROSPACE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Logan Hall c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections ange is submitted for a er to change its register	corporation organ	nized under the la	rws of the State of	FL
1. The name of	the corporation: SILVE	R WINGS AEROS	SPACE, INC.		
2. The principal	office address: 25400	SW 140 AVE PRI	NCETON, FL 33	032	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	02/16/2007	Document	number: P07000	021871
	d street address of the crtment of State: (If resi	~	-	ed office on file w	vith the
	MCCORMICK, ARTH	HUR FIV			_
	7550 SW 57TH AVENUE SUITE 203				
	SOUTH MIAMI		FL	33143	18 TALL
6. The name and (if changed):	d street address of the r				PILED PH 4: 27 ANASSEE FLORIDA
	1201 Hays Street				
		P.O. Box NOT	`acceptable		27 DA
	Tallahassee		FL	32301	_
The street address changed will	ess of its registered off be identical.	ice and the street	address of the bu	siness office of i	ts registered agent,
Such change wa authorized by th	as authorized by resolute board, or the corpor	ition duly adopted ation has been no	by its board of d	lirectors or by an of the change.	officer so
	4/8/2nis		William Morris, Vice President		
Signature of an officer or director				ed or typed name and to	ile
I further agree performance of agent. Or, if the hereby confirm	the appointment as re to comply with the pro my duties, and I am fa is document is being fi that the corporation h on Service Compar	visions of all stati miliar with and a led merely to refl as been notified i	utes relative to th ccept the obligat ect a change in th	le proper and con ion of my position he revisiered offic	n as revistered
	Cotto	<u> </u>	12/12/2018	Date	
	half of an entity:	\		imic	
Grace E. Kirby,	Assistant Vice President	ent			
	yped 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 * * *