P0800031303

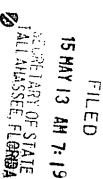
(Re	questor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SHRI	Continental Aviation Services, Inc	
эора	Name of 0	Corporation
DOC	UMENT NUMBER:P08000031303	
The e	nclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matt	er to the following:
	Christopher Adubato	·
	Name of Co	ontact Person
	Continental Aviation Serv	ices, Inc
	Firm/C	Company
	254 South Ocean Blvd	
	Ad	dress
	Manalapan, FL 33462	
	City/State a	and Zip Code
	Chris@flypfn.com	
		future annual report notification)
For fu	orther information concerning this matter, please	e call:
	Christopher Adubato	at (973) 538-7780 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Depa	urtment of State.
	Mailing Address: 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

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

statement of chai	nge is submitted	for a corporation orga	02, 607.1508, or 617.1508, I mized under the laws of the S tered agent, or both, in the S	State of Florida		
1. The name of the	he corporation:_	Continental Aviation	n Services, Inc			
2. The principal	2. The principal office address: 254 South Orange Blvd, Manalapan, FL 33462					
3. The mailing a	ddress (if differe	ent):				
4. Date of incorp	oration/qualific	ation: 3/25/08	Document number: _	P08000031303		
		f the current registered If resigned, enter resign	agent and registered office of all all all all all all all all all al	on file with the		
	9 Air	port Road				
	Morr	istown, NJ 07960				

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	254 Oc	cean Blvd				
	Manal	apan, FL 33462				
P.O. Box NOT acceptable						
-			t address of the business off			
Such change wa authorized by th	s authorized by e board, or the	resolution duly adopte corporation has been no	d by its board of directors o otified in writing of the chai	r by an officer so age.		
Chi.	of an officer or dire	5	Christopher Aduba			
I hereby accept a I further agree to performance of a gent. Or, if thi	the appointment o comply with to my duties, and I s document is b	t as registered agent ar he provisions of all star am familiar with and de eing filed merely to ref	nd agree to act in this capac tutes relative to the proper of accept the obligation of my lect a change in the register in writing of this change.	city. and complete position as registered red office address, I		
Sigh	sature of Registered A	gem	May 6, 2015	15 MA		
If signing on bel	half of an entity	:		FIL Y 13 IARY WSSE		
	er Adubato			ALC D		
Ту	ped or Printed Name	* * * FILING FI	EE: \$35.00 * * *	7: 1:		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314