P080000 37335

(Requestor's Name)			
(Address)			
(Address)			
(City	y/State/Zip/Phon	e #)	
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(Do	cument Number)		
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Amold M. Zipper Direct Dial: 954-703-3931 Direct Fax: 954-707-4549 amold.zipper@fowlerwhite.com

May 13, 2010

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

Re: The-Squadron, Inc.;

Document number: P08000037335;

Statement of Change of Registered Office or Registered Agent or Both for Corporation

Dear Sir or Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporation ("Statement of Change of RO and RA") for the above-referenced limited liability company along with a check in the amount of \$43.75 for the payment of the following:

\$35.00 filing fee to file the Statement of Change of RO and RA \$8.75 for a certified copy of the filed Statement of Change of RO and RA

Will you please send the certified copy of the filed Statement of Change of RO and RA to me at the following address:

Arnold M. Zipper Fowler White Boggs P.A. 1200 East Las Olas Blvd., Suite 400 Ft. Lauderdale, Florida 33301

Also, if you have any questions or need any additional information, please call me at 954.703.3931. Thank you for your time and assistance.

Sincerely,

Fowler White Boggs Banker P.A.

Enclosures '

43300375v1

FOWLER WHITE BOGGS P.A.

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: The-	Squadron, Inc.				
•	tune of corporation				
DOCUMENT NUMBER:	P08000037335				
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:					
	·				
Arnold Zipper, Esq. Name of Contact Person					
Na	me of Confact Person				
Fowler White Boggs P.A.					
	Firm/Company				
1200 E. I	as Olas Blvd., Suite 400				
	Address				
e	- 1 11- 51 00004				
Fort L	auderdale, FL 33301 y/State and Zip Code				
	•				
arnold.zipper@fowlerwhite.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matte	r, please call:				
Amold Zipper, Esq.	at (954)703-3931				
Name of Contact Person	at (954) 703-3931 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Division of Corpora					
P.O. Box 6327	Clifton Building				
Tallahassee, FL 323					

Tallahassee, FL 32301

TO:

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

statement of cha	e provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ	ized under the laws of the	State of Florida
in orae	ler to change its registered office or registe	red agent, or both, in the	State of Florida.
	the corporation: The-Squadron, Ir		
2. The principal	l office address: 447 Benning Drive,	Destin, FL 32541	
¬~~~~			
3. The mailing a	address (if different): Same as above		
4. Date of incorp	poration/qualification: April 11, 200	8 Document number:	P08000037335
	d street address of the current registered ag artment of State: (If resigned, enter resigne		on file with the
	Veronica Medina		
	447 Benning Drive, Destin, FL 3	2541	
			1 2 1
			stered office
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or regi	stered office
	Fowler White Boggs P.A.		6. V
	c/o Arnold Zipper, Esq.		23
		acceptable	
	1200 E. Las Olas Blvd., Ste. 400	, Fort Lauderdale, F	L 33301
The street address changed will	ess of its registered office and the street a be identical.	address of the business of	ffice of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors if ited in writing of the ch	or by an officer so lange.
Signatur	re of an officer or director	Daniel Deuterma	ann, Vice President
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obli ing filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this capt tes relative to the proper gation of my position as registered office addres	acity, r and complete performance registered agent. Or, if this ss, I hereby confirm that the
Bui 11		5/11/1	
The state of the s	nature of Registered Agent	Date	•
lf signing on bel	half of an entity:		
Fowle	er White Boggs P.A.		
	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 * * *