

P08000107871

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE
ARMA AVIATION CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
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FEB 25 2016
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Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARMA AVIATION CORPORATION

Name of Corporation

DOCUMENT NUMBER: P08000107871

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:

Fred L. Levy

Name of Contact Person

Brown Rudnick LLP

Firm/Company

601 13th St. NW, Suite 600

Address

Washington, D.C., 20005

City/State and Zip Code

flevy@brownrudnick.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer E. Charles

617

856-8114

Name of Contact Person

at ()

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

CR28045 (03/12)

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: ARMA AVIATION CORPORATION
2. The principal office address: 3030 N. Rocky Point Drive, Suite 800, Tampa FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/11/08 Document number: P08000107871
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)

Joseph K McEntegart

2701 N. Rocky Point Drive, Suite 1150

Tampa, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.



Signature of an officer or director

Brian Overstreet, 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 corporation has been notified in writing of this change.

C T Corporation System

By: Connie Bryan

Signature of Registered Agent

2/24/2016

Date

If signing on behalf of an entity:

Connie Bryan

Typed or Printed Name
Assistant Secretary

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)