P09000037643

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Coomico Cina) (Cina)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
openial menantiana to 1 ming officer.

Office Use Only



600261376406

06/26/14--01017--008 **35.00

14 JUN 26 PH 12: 41

C. LEWIS

JUL 1 4 2014

EXAMINER

COVER LETTER

TO:

Amendment Section Division of Corporations

SURFECT. Aviation Resources & Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER, P09000037643

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:

Maribel Jimenez-Espina

Name of Contact Person

Aviation Resources & Solutions

Firm/Company

5151 NW 74th Avenue

Address

Miami, FI 33166

City/State and Zip Code

mjimenez@av-resourcessolutions.com

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

For further information concerning this matter, please call:

Maribel Jimenez-Espina

305 ₁244009

Name of Contact Person

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

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
I. The name of t	he corporation: Aviation Resource	s & Solutions, Inc	
2. The principal Miami, Fl	office address: 5151 NW 74th Ave	enue	
3. The mailing a	ddress (if different): PO 164408 Mia	ami FL 33116	
4. Date of incorp	poration/qualification: 4/27/09	Document number: P0900037643	
	I street address of the current registered againent of State: (If resigned, enter resigne		
	Maribel Jimenez-Espina		
		' m	
		at (if changed) and /or registered office	
6. The name and (if changed):	d street address of the new registered agen	LES Officer 12: L	20 CF
	Pompeyo R. Sanabria VP SA	LES Officer	3
	15452 SW 118 Terr	··	50
	Miami, FL 33196	acceptable	
The street addre	ess of its registered office and the street a be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
-X-Im	Mischard of director	Maribel Jimenez-Espina Printed or typed name and title	
I hereby accept I further agree to performance of	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and a	••	
S	<i>J.</i>	6/13/14	
Sigi	nature of Registered Agent	Date .	
If signing on be	half of an entity:		
	enez-Espina		
T	yped or Printed Name		

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