P090000835//

| (Requestor's Name) | |
|-----------------------------------------|------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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OCT 0 9 2014 T. CARTER SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

| Division of C | orporations | | | |
|---------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------|--|--|
| SUBJECT: AIR | CRAFT TECHNICIANS, INC | . | | |
| SUBJECT. | Name of Co | | | |
| DOCUMENT NUM | BER: P09000083511 | | | |
| The enclosed Stateme | ent of Change of Registered Offic | e/Agent and fee are submitted for filing. | | |
| Please return all corre | spondence concerning this matter | to the following: | | |
| | | | | |
| | NELLY HOYOS | | | |
| | Name of Cor | ntact Person | | |
| | AIRCRAFT TECHNICIAN | S, INC. | | |
| | Firm/Co | mpany | | |
| | 4471 NW 36TH ST, STE | 244 | | |
| | Add | | | |
| | MIAMI GARDENS, FL 33 | 166 | | |
| _ | City/State ar | | | |
| | | | | |
| nhoyos@aircraftechnicians.com E-mail address: (to be used for future annual report notification) | | | | |
| L | Inim tradeos. (to be tiber for a | inde talling report nonneuron) | | |
| For further information | on concerning this matter, please | call: | | |
| | LY HOYOS | at (305) 863-8638 Area Code & Daytime Telephone Number | | |
| Name | of Contact Person | Area Code & Daytime Telephone Number | | |
| Enclosed is a \$35.00 c | check made payable to the Depart | ment 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 | | |
| | | TAHAHASSEE, FL 323VI | | |

CR2E045 (03/12)

TO: Amendment Section

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

| statement of change is | submitted for | a corporation organ | 2, 607.1508, or 617.1508, 1 nized under the laws of the S ered agent, or both, in the S | State of FL | his —— | |
|--------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------|--------|
| 1. The name of the cor | poration: A | IRCRAFT TECH | NICIANS, INC. | 2002 | | |
| 2. The principal office | address: 44 | 471 NW 36TH ST | , STE 244 | | | |
| | M | IIAMI GARDENS | , FL 33166 | | | |
| 3. The mailing address | (if different): | : | | | | |
| 4. Date of incorporatio | n/qualificatio | n: <u>10/08/2009</u> | Document number: _ | P09000083 | 511 | |
| | | e current registered a esigned, enter resigne | gent and registered office ord) | on file with the | | |
| | · · · · · · · · · · · · · · · · · · · | LILLY DIMURO | (RESIGNED) | | = | TAS |
| | | 4471 NW 36TH | ST, STE 244 | | SEP | LLAH |
| | | MIAMI GARDE | NS, FL 33166 | | 26 | ASSE |
| 6. The name and street (if changed): | address of th | e new registered ager | nt (if changed) and /or regis | stered office | PM 3: C | OF STA |
| | | JULIO MERCA | NDO . | | 00 | NO A |
| | | | H ST, STE 244 | | | |
| | | P.O. Box NOT | - | | | |
| | | | ENS, FL 33166 | | | |
| The street address of i as changed will be ide | ts registered on tical. | office and the street | address of the business off | fice of its register | ed agen | ıT. |
| Such change was authorized by the boar | orized by res | olution duly adopted poration has been no | l by its board of directors o tified in writing of the chai | or by an officer so nge. |) | |
| Signature of an | of der | <u> </u> | JULIO MEF | | | |
| I hereby accept the ap I further agree to com performance of my di | t pointment as ply with the p ties and I an | i fannhar with and a | d agree to act in this capac ntes relative to the proper of eccept the obligation of my ect a change in the register n writing of this change. | city. and complete position as regis | tered s, I | |
| Julion Signature of | Registered Agent | | 09/15/20 Date |)14 | | |
| V If signing on behalf of | and entity: | i . | | | | |
| Typed or I | rinted Name | | | | | |

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