Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To: | Division of Corporations Fax Number : (850)617-6380 | FILED |
| From: | Account Name : C T CORPORATIO Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 | N SYSTEM |
| | 1 8X 140HDE1 . (954)200-0045 | S TALLEN! |

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

OCT 02 2017

Email Address:_

REGISTERED AGENT RESIGNATION DDA AVIÁTION, INC.

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RIA-Rosign

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COVER LETTER

TO: Amendment Section **Division of Corporations**

DDA AVIATION, INC

(Name of Corporation)

DOCUMENT NUMBER: P10000038985

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Mac-Tran

(Name of Person)

C T CORPORATION SYSTEM

(Name of Firm/Company)

111 8th Avenue, 13th Floor

(Address)

New York, NY 10011

(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Mac-Tran

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, NRAI SERVICES, INC |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for DDA AVIATION, INC. |
| (Name of Corporation) |
| P1000038985 |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent) |
| |
| If signing on behalf of an entity: NRAI SERVICES, INC Helen Mac-Tran (Typed or Printed Name) |
| NRAI SERVICES, INC Helen Mac-Tran |
| (Typed or Printed Name) |
| |
| ASSISTANT SECRÉTARY |
| (Capacity) |
| Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation |
| Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 |

Tallahassee, FL 32314