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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:__

REGISTERED AGENT CHANGE AIRCRAFT TRANSPORT SERVICES, INC.

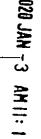
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of egistered agent, or both, in the State of Flo	<u></u> -
The name of t	the corporation: AIRCRAFT TRANS	SPORT SERVICES, INC.	
2. The principal	office address: 4285 SW MARTIN H	HIGHWAY PALM CITY, FL 34990	
3. The mailing a	ddress (if different):		
4. Date of incorp	Date of incorporation/qualification: 05/20/2010 Document number: P10000043650		350
Elorida Danar	tment of State: (If recioned enter re	ered agent and registered office on file with esigned)	
	ALEXANDER, GARY		
	4285 SW MARTIN HIGHWAY		
	PALM CITY, FL 34990		2021 Sec
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office	DAN -3 Dretar Allahi
	Registered Agents Inc.		Y O
	7901 4th St N STE 300		当の
	P.O. Box NOT acceptable		
	St. Petersburg FL 33702		₩ ∞
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its r	egistered agent,
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be-	lopted by its board of directors or by an of en notified in writing of the change.	ficer so
<u>Mereda</u> Signatu	th Tolentino	Meredith Tolentino, Vice President Printed or typed name and title	
		nt and agree to act in this capacity. I statutes relative to the proper and comple e obligation of my position as registered a in the registered office address, I hereby ange.	
Bul	Hame	1/2/20	
Sig	nature of Registered Agent	Date	
	half of an entity:		
Bill Havre, Presi	dent		
Т	yped or Printed Name		

* * * 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 (04/13)

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