

PII 0000 33073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Ja 10/26/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MySky Aviation Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000033073

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:

Elliot Mintzer

Name of Contact Person

MySky Aviation Solutions, Inc.

Firm/Company

719 Tower Grove Drive

Address

Plant City, FL 33567

City/State and Zip Code

emintzer@iflymysky.com

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

For further information concerning this matter, please call:

Elliot Mintzer

Name of Contact Person

at (904) 333-8949
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: MySky Aviation Solutions, Inc.
2. The principal office address: 719 Tower Grove Drive, Plant City, Florida 33567
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 4, 2011 Document number: P11000033073
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)

MySky Aviation Solutions, Inc

303B Anastasia Blvd, PMB 160

St. Augustine, FL 32080

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

Elliot Mintzer

719 Tower Grove Drive

P.O. Box NOT acceptable

Plant City, FL 33567

CLERK OF STATE
TALLAHASSEE, FL

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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.

Elliot Mintzer

Signature of an officer or director

Elliot Mintzer - President

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.

Elliot Mintzer

Signature of Registered Agent

Elliot Mintzer - President 9-19-2020

Date

If signing on behalf of an entity:

Typed 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)