

P120000 50 792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

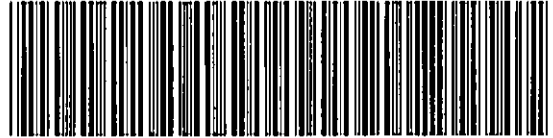
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE
DEC 04 2019

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FXE FLIGHTCENTER CORP
Name of Corporation

DOCUMENT NUMBER: P12000050792

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:

L. FORREST OWENS

Name of Contact Person

L. FORREST OWENS, P.A.

Firm/Company

110 SE 6TH STREET, 17TH FLOOR

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

FORREST@AVIATIONLEGALCOUNSEL.COM

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

For further information concerning this matter, please call:

FORREST OWENS

Name of Contact Person

at (888) 635-9529
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**

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: FXE FLIGHTCENTER CORP
2. The principal office address: 1635 NW 51ST PLACE, HANGAR 31
FORT LAUDERDALE, FL 33309
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: 6/04/2012 Document number: P12000050792

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)

LEOPOLDO ESPINOSA

1635 NW 51ST PLACE, HANGAR 31

FORT LAUDERDALE, FL 33309

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

L. FORREST OWENS

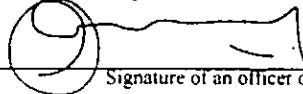
110 SE 6TH STREET, 17TH FLOOR

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33301

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.

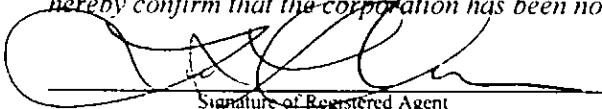


Signature of an officer or director

ANTONIO DAVID TUR ESTRADA

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.



Signature of Registered Agent

10/29/2019

Date

If signing on behalf of an entity:

Forrest Owens

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