

08/23/2012 15:02

Alron, Inc

FAX 321723-8218

P. 001/002

DIVISION OF CORPORATIONS

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12000053790

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : ALRON ENTERPRISES, INC.
Account Number : 1200000000113
Phone : (321) 951-7626
Fax Number : (321) 723-8218

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
THE SKYCHASE GROUP INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Alron Inc.

(FAX) 321 723 8218

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F.I.T. Aviation, LLC; Cus (321) 674-6510

P.1

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: The SkyChase Group Inc.
2. The principal office address: 7777 N WICKHAM RD #12-123
MELBOURNE FL 32940 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/06/2012 Document number: P12000053790
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)
THERESA CASTLE
7777 N WICKHAM RD #12-123
MELBOURNE FL 32940 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Alron Enterprises Inc
3990 Minton Rd.
P.O. Box - NOT acceptable
Melbourne FL 32904

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]
Signature of an officer or director

Theresa Castle, Director
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]
Signature of Registered Agent

8/23/12
Date

If signing on behalf of an entity:

PATRICIA GALLAGHER
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
CR21045 (03/12)

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