P12000067906

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: United Aerd Spares two.

Name of Corporation

DOCUMENT NUMBER: P12000067906

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:

Homberto Reyes.

Name of Contact Person

Pres, Lent
Firm/Company

6745 SW 857

Address

Minui Son S 33144

City/State and Zip Code

Lope 1988 Dbellso, Ah. Net

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

For further information concerning this matter, please call:

Hunberto Reyes. at (786) 973-2990.

Name of Contact Person 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

CR2E045 (03/12)

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 \(\frac{\
1. The name of the corporation: United pero Spares 170c. 2. The principal office address: 6745 SW 8 St
Almy 2 3314V
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/8/12 Document number: P12000067906
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)
Himberto Revels
1995 - 511) 1985755
$\frac{1}{10000000000000000000000000000000000$
- //LA/U1 04/05/8 2 M
6. The name and street address of the new registered agent (if changed) and /or registered office. To (if changed): Rev Rev S S S S S S S S S
6245 SW 8 ST
P.O. Box NOT acceptable P.O. Box NOT acceptable A B B 14 4
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 other or 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.
Signardire of Registered Agent Signardire of Registered Agent
If signing on behalf of an entity:
1-Duble to Reyls. Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
45 (03/12)

* * * FILING FEE: \$35.00 * * *

CR2E045 (03/12)