17130000011538

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





100375812861

11.70 7.4-01019--11 +499.00

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Persimmon Airport inc. Name of Corporation		
DOCUMENT NUMBER: P13000001538		
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:	
David B. Piper		
Name of Contact Person		
Persimon Airport inc.		
Firm/Company		
128 Pine Tree Dr.		
Address		
Lake Placid - Florida 33852		
City/State and Zip Code		
pipercub659@sbcglobal.net		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	olease call:	
David B. Piper	at (630)802-4405	
Name of Contact Person	at (630) 802-4405 Area Code & Daytime Telephone Ni	

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

CR2E045 (04-13)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 60°.1508, or 617.1 hange is submitted for a corporation organized under the laws of ter to change its registered office or registered agent, or both, in	the State of Florida
1. The mane at	the corporation: Persimmon Airport inc.	
2. The principal	al office address: 115 Heinly Rd. Lake Placid Florida 33852	
3. The mailing a	address (if different): 128 Pine Tree Dr. Lake Placid Florida	
4. Date of incorp	rporation qualification: 1 4/2013 Document number	per: P13000001538
5. The name and	nd street address of the current registered agent and registered of artment of State: (If resigned, enter resigned)	
	Robert L. Bianco	~3
	4017 NE Lake Sebring Dr.	2021 DEC 20
	Sebring, FI 33870	26 26
6. The name and (if changed):	nd street address of the new registered agent (if changed) and or :	registered office
	David B. Piper	
	128 Pine Tree Dr.	
	P.O. Box NOT acceptable Lake Placid Florida 33852	
Such change was authorized by I	/	tors or by an officer so e change. Secretary typed name and title
I furthér agrée t of my duties, an document is bei	of the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligation of my position ging filed merely to reflect a change in the registered office adays been notified in writing of this change. The provided in Writing of this change.	oper and complete pertormance
If signing on be	ehalf of an entity:	
David B. Piper		
1:	Typed or Printed Name	

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