## P13000018115

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## COVER LETTER

TO:

Amendment Section Division of Corporations

Aircharters Worldwide Inc.

Name of Corporation

P13000018115

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:

## **Arthur Stevenson**

Name of Contact Person

Aircharters Worldwide Inc.

Firm/Company

14970 NW 42nd Avenue, Suite 45-20

Opa-Locka, Florida 33054

City/State and Zip Code

accounting@myjetsaver.com

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

For further information concerning this matter, please call:

Arthur Stevenson

Name of Contact Person

954 661-1518

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

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida
	the corporation: Aircharters V	r registered agent, or both, in the State of Florida.  Vorldwide Inc.
2. The principal	office address: 14970 NW 42	nd Avenue, Suite 45-20, Opa-Locka, Florida 3305
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 02/25/2	Document number: P13000018115
	d street address of the current regirtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	Conrad S. Kulatz, ESQ	
	633 S.E. 3rd Ave, Suite	4R
	Fort Lauderdale, Florida	7000
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office
	Arthur L. Stevenson	
	14970 NW 42nd Avenu	e, Suite 45-16
		Box NOT acceptable
	Opa-Locka, Florida 330	
The street address changed will	ess of its registered office and the	e street address of the business office of its registered agent,
Such change wa	as/authorized by resolution duly a he board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.
Signatu	ure of an officer or director	Treasurer Printed or typed name and title
I hoveby accent	t the appointment as registered a	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.  01/04/2016
Sig	gnature of Registered Agent	Date
If signing on be	ehalf of an entity:	
Arthur L. St	tevenson	_
T	vned or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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