

P130000040911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

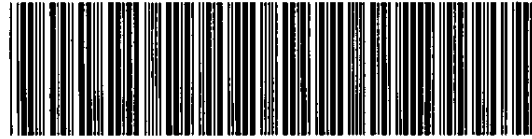
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ML Aviation Services, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P13000040911

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:

Michael Langley

Name of Contact Person

ML Aviation Services, Inc.

Firm/Company

PO Box 430

Address

Placida, FL 33946

City/State and Zip Code

admin@mlaviation.com

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

For further information concerning this matter, please call:

Michael Langley

Name of Contact Person

at ( 941 ) 276-3438

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

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**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: ML Aviation Services, Inc.
2. The principal office address: 4179 Spire St. Port Charlotte, FL 33981
3. The mailing address (if different): PO Box 430 Placida, FL 33946
4. Date of incorporation/qualification: 05/07/2013 Document number: P13000040911
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)

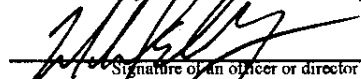
Imelda Langley  
2 Sportsman Ter.  
Rotonda West, FL 33947

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

Imelda Langley  
4179 Spire St.  
P.O. Box NOT acceptable  
Port Charlotte, FL 33981

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

Michael S. Langley / President  
\_\_\_\_\_  
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 July 2017

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Imelda Langley  
\_\_\_\_\_  
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  
CR2E045 (03/12)

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