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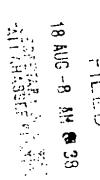
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: CUI POY a Le Aviation Maintenance Services,
DOCUMENT NUMBER: <u>P1300059252</u>
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:
James Depoer L Name of Contact Person
Corpixate Aviation Maintenance Services, In
1755 Rie Ter Address
Wilellington F1 33414 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941, 68,9884  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  Street Address:  Amendment Section  Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## 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 \(\frac{\frac{1}{2}U}{2}\)
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Corporate Aviation Maintenance Services</u> I. The principal office address: 1755 Rue Ter Wellington, F1 33414
3. The mailing address (if different):
4. Date of incorporation/qualification: 7.15 13 Document number: P1300059252
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)
James A. Deppert  833 Rambling Dr. Cir
Wellington, Fl 33414
6. The name and street address of the new registered agent (if changed) and /or registered office.    James - Depoert   1755 Rye Ter   P.O. Box NOT acceptable   Wellington F133414
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.
James Depocit (President)  Printed or typedname 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.
8.6.18
Signature of Registered Agent Date  If signing on behalf of an entity:
Typed 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 \* \* \*