

PI60000 90154

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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NOV 14 2017

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17 NOV 13 AM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

R/A - CA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2017

JOSE A. REMUDO
FLIGHT OPPS INC.
1580 SAWGRASS CORPORATE PKWAY STE. 130
SUNRISE, FL 33323

SUBJECT: FLIGHT OPPS INC.
Ref. Number: P16000090154

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The current name of the entity is as referenced above. Please correct your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 717A00020868

RECEIVED
17 NOV 13 PM 4:30
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **FLIGHT OPPTS INC.**

Name of Corporation

DOCUMENT NUMBER: **P16000090154**

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:

JOSE A. REMUDO

Name of Contact Person

AEROSPATIALLE INC.

Firm/Company

1580 SAWGRASS CORPORATE PKWAY STE. 130

Address

SUNRISE, FL 33323

City/State and Zip Code

TONY@AEROSPATIALLE.COM

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

For further information concerning this matter, please call:

JOSE A. REMUDO

Name of Contact Person

at **954 315-4583**

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**

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: FLIGHT OPPS INC.
2. The principal office address: 1580 SAWGRASS CORPORATE PKWAY STE. 130, SUNRISE, FL 33323

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/09/2016 Document number: P16000090154

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)

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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TALLAHASSEE FLORIDA

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

AEROSPATIALLE, INC.
1580 SAWGRASS CORPORATE PKWAY STE. 130
P.O. Box NOT acceptable
SUNRISE, FL 33323

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

JOSE A. REMUDO, 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

11/09/2017
Date

If signing on behalf of an entity:

Typed or Printed Name

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