P180000 99964

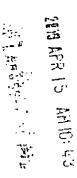
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Boomsoo Linn), name,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AVIATION SAFETY IZE SO URCES Name of Corporation DOCUMENT NUMBER: P 1800099964 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
DOCUMENT NUMBER: P 1800099964
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:
Name of Contact Person
Name of Contact Person
AULATION SAFETY RESEARCES Firm/Company
Address
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 (516) 6765865 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 change is submitted for a corporation organized under the laws of the State of FLORION in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AUIATION SAFETY RESOURCES INC
2. The principal office address: 7224 SANOS COVE CT
WINTER PARK, FL 32792
3. The mailing address (if different): 3819 4AMALA CT
ORLANDU FL 32826
4. Date of incorporation/qualification: 12/4/18 Document number: 18000 99964
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)
LARRY E. WILLIAMS
3819 YAMALA CT
6. The name and street address of the new registered agent (if changed) and /or registered office:
LARRY & WILLIAMS
LARRY & WILLIAMS 21929 PANAMA CITY BEACH PKWJ SUITOY P.O. Box NOT acceptable
PANAMA CITY BEACH FLORIDA 32413
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.
Signapure of an officer or director ARRY W. 11, RM3 CEO Printed or typed name and ditie
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.
Jan 11/2/19
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
CR2E045 (03/12)

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