

P2000028750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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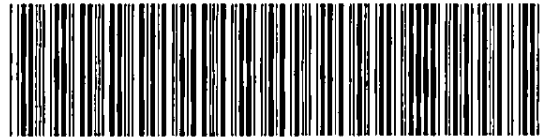
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/23/24--01007 -091 **105.00

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2024 APR 11 13
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TALLAHASSEE, FL

03/26/24



*Incorporating the World. One
Company At A Time*

Corp1, Inc.
www.corp1.com

Colorado | COorders@corp1.com
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302-736-3466

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307.200.2966



Please accept the three attached Corporation Change of Registered Agent documents with accompanied check for \$105.00 (3 @ \$35.00/filing).

All the best,

Kylie Conrad, Nationwide Operations Manager, Corp1, Inc.

720-823-9273

NWorders@corp1.com

7700 E Arapahoe Rd Ste 220, Centennial, CO 80112

Aviation Service Partners, Inc
Exclusive Trim, Inc.
Veteran Vision Fund, Inc

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JUN 17 22 AM 11:13
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AVIATION SERVICE PARTNERS INC.
Name of Corporation

DOCUMENT NUMBER: P20000028750

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:

Kylie Conrad
Name of Contact Person
Corpl. Inc.
Firm/Company
7700 E Arapahoe Rd Ste 220
Address
Centennial, CO 80112
City/State and Zip Code

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

For further information concerning this matter, please call:

Kylie Conrad at (720) 823-9273
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DEPT OF STATE
TALLAHASSEE, FL

**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: AVIATION SERVICE PARTNERS INC.
2. The principal office address: 210 AVIATION WAY, ALBERTVILLE, AL 35950
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/09/2020 Document number: P20000028750
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 Access, Inc.

236 East 6th Avenue

Tallahassee, FL 32303

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

Registered Agents Inc

7901 4th St N Ste 300

P.O. Box NOT acceptable

St. Petersburg, FL 33702

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
MARCH 22 AM 11:13

ED

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.

/s/ Jess Losada

Signature of an officer or director

Jess Losada, PDTS

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.

/s/ David Roberts

Signature of Registered Agent

March 18, 2024

Date

If signing on behalf of an entity:

David Roberts, Assistant Secretary, Registered Agents Inc

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 (04/13)