P93000068447

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAJL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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TO: Amendment S			·		
Division of Co	rporations		·	>	
				•	•
SUBJECT: Air Repair	of South Florida, Inc				
Name of Corporation					
DOCUMENT NUMB	ER: P93000068447		_		
The enclosed Statemen	nt of Change of Registered	Office/Agent and	I fee arc	submitted (for filing.
Please return all corres	pondence concerning this	matter to the follo	owing:		
Carter Wentz					
Name of Contact Perso	n				
Air Repair of South Flore	ida, Inc				
Firm/Company					
H784 61st St N					
Address					
West Palm Beach, FL 33	412				
City/State and Zip Cod	e				
ai	rrepairofsfl@gmail.com				
E-mail address: (to \overline{b}	e used for future annual	report notificati	on)		
`		•			
For further information	n concerning this matter, p	lease call:			
Carter Wentz		at (⁵⁶¹	,	689-8791	
Name o	of Contact Person	Area	Code &	& Daytime T	elephone 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR THE RPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Air Repair of South Florida, Inc.
	office address: 11784 61st St N, West Palm Beach FL 33412
3. The mailing a	address (if different): PO Box 8, West Palm Beach, FL
4. Date of incorp	poration/qualification: 10/01/1993 Document number: P93000068447
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Allan and Marci Wentz WENTZ, ALLAN CPRES
	611 Arlington Drive
	West Palm Beach, FL 33415
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Carter Wentz
	Carter Wentz
	11784 61st ST N
	P.O. Box NOT acceptable
	West Palm Beach, FL 33412
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
au	ALLAN (WENTZ - PRESIDENT Printed or typed name and title
I hereby accept I further agree (of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance and lam familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the specific provides the proper and complete performance and title performance.
	nature of Registered Agent Date
/ 6	half of an entity:
17	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
45 (04/13)

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