

P94000026971

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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C. LEWIS
MAY 21 2014
EXAMINER

**James P Walsh
Aviation Support Group Inc.
Crexent Business Center Suite 252
12555 Orange Drive
Davie, FL. 33330**

**Florida Department of State
Division of Corporation
P.O Box 6327
Tallahassee, FL. 32314**

**TO: Amendment Section
Division of Corporation**

**Subject: AVIATION SUPPORT GROUP INC
Document Number: P94000026971**

Change of Principal address and Registered Agent Address only:

Principal Address Change:


**CREXENT BUSINESS CENTER SUITE 252
12555 ORANGE DRIVE
DAVIE, FL. 33330**

Registered Agent Address Change:

**CREXENT BUSINESS CENTER SUITE 252
12555 ORANGE DRIVE
DAVIE, FL. 33330**

**CR2E045 (03/12) Cover Letter attached
Check \$35.00**

Sincerely


James P. Walsh 5/5/2014

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AVIATION Support Group Inc
Name of Corporation

DOCUMENT NUMBER: P 94000026971

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 P WALSH
Name of Contact Person
AVIATION Support Group Inc
Firm/Company
CREXENT Business Center Suite 252
Address
DAVIE, FL. 33330
City/State and Zip Code
JPW1933@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES P WALSH at (954) 815-4442
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
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 FL.
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AVIATION Support Group Inc
2. The principal office address: _____
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/08/1994 Document number: P94000026971

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)

WALSH, JAMES P
CREXENT Business Center Suite 252
DAVIE, FL. 33330

APPROVED
AND
FILED
14 MAY -9 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Address change only
WALSH, JAMES P
CREXENT Business Center Suite 252, 12555 Orange Drive
DAVIE, FL. 33330

P.O. Box NOT acceptable

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 P Walsh
Signature of an officer or director

James P Walsh 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.

James P Walsh
Signature of Registered Agent

5/5/2014
Date

If signing on behalf of an entity:

Typed or Printed Name

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