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(((H19000223522 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 Phone Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Istrautman@firstequity.com Email Address:_

S TALLEN"

<u>IIII</u> 2 6 2019

REGISTERED AGENT CHANGE AVIATION BLADE SERVICES, INC.

	<u> </u>
Certificate of Status	1
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Page Count	02
Estimated Charge	\$43.75

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statut in organized under the laws of the State of <mark>Florid</mark> ir registered agent, or both, in the State of Florid	a	
1. The name of t	he corporation: Aviation Blac	de Services, Inc.		
		N DR., KISSIMMEE, FL 34741		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 05/23/1	994 Document number: P9400003	9738	
5. The name and Florida Depar	street address of the current regi tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	:	
	Peterson, Leonard			
	3969 MERLIN DR.	-	201 SE	
	KISSIMMEE, FL 34741		2019 JUL 25 Secretary	ne
6. The name and (if changed):	street address of the new registe	<u>C</u> ,	25 AH	1
	Registered Agents Inc.			Ĺ
	7901 4th Street N, Ste	300	58 7∏E	
	St. Petersburg FL 3370	Box NOT acceptable		
The street addre	ss of its registered office and the be identical.	e street address of the business office of its regi:	stered agent.	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	r so	
	e of an officer or director	Larissa Strautman, Secretar	y	
I hereby accept I further agree t performance of avent. Or, if thi	the appointment as revistered as	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as re to reflect a change in the registered office addition in writing of this change.	gistered ress, I	
_Bu	Lame	07/24/2019		
	ature of Registered Agent	Date		
If signing on bet Bill Havre	nan of an entity:			
	ped or Printed Name	-		

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