(Requestor's Name)			
(Address)	100177571		
(City/State/Zip/Phone #)	04/29/1001022030		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	HASSEE TO THE TOTAL PROPERTY OF THE PARTY OF		

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## **COVER LETTER**

Division of Corp			
SUBJECT:	Magpie Avia	tion, Inc	
	Name of C	orporation	
DOCUMENT NUMBE	R:P940	000071154	
The enclosed Statement	of Change of Registered Office	e/Agent and fee are submitte	d for filing.
Please return all correspo	ondence concerning this matter	to the following:	
	Alan K Name of Co	inback	
	realite of Con	mact I croon	
Magpie Aviation			
	Firm/Co	ompany	
	421 Seaside Lane		
<del></del>	Add		
	Juno Beach City/State ar	n, FL 33408	
	City/State ar	id Zip Code	
<u></u>	kinner@co ail address: (to be used for f		ation)
E-III	an address. (to be used for t	uture aimuai report notific	ationj
For further information of	concerning this matter, please of	call:	
	n Kinback	at ( 561 ) Area Code & Daytim	351-3726
Name of	Contact Person	Area Code & Daytim	e Telephone Number
Enclosed is a \$35.00 che	eck made payable to the Depart	tment of State.	
	Mailing Address: Amendment Section	Street Address: American	
	Division of Corporations P.O. Box 6327	Division of Corp Clifton Building	
	Tallahassee, FL 32314	2661 Executive Tallahassee, FL	Center Circle

## \* ' ' ' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 617.0302, statement of change is submitted for a corporation organize in order to change its registered office or registere	ed under the laws of the State of Florida
1. The name of the corporation: Magpie Aviation	
2. The principal office address: 421 Seaside Lane, Jun	no Beach, FL 33408
3. The mailing address (if different):	
4. Date of incorporation/qualification: 28 Sep 94	Document number: P94000071154
5. The name and street address of the current registered ages Florida Department of State: (If resigned, enter resigned)	
William C. McIntyre, PA	
900 E Ocean Blvd, Suite 142	
Stuart, FL 34994	
6. The name and street address of the new registered agent ( (if changed):	
Alan Kinback	Coceptable Coceptable
421 Seaside Lane	
P.O. Box NOT a	cceptable
Juno Beach, FL 33408	
The street address of its registered office and the street ad as changed will be identical.	ldress of the business office of its registered agent,
Such change was authorized by resolution duly adopted by authorized by the board or the corporation has been notified.	by its board of directors or by an officer so fied in writing of the change.
Signature of an officer or director	Alan Kinback, President Printed or typed name and title
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statute of my duties, and I am familiar with and accept the obligation document is being filed merely to reflect a change in the corporation has been natified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
faul'z	26APRIL 2010
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 (8/05)

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