## P96000020776

(Re	questor's Name)				
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(Address)					
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RA Roch



## **COVER LETTER**

SUBJECT: BEAVER AVIATION SOUTH, INC.  Name of Corporation						
Please return all correspondence concerning this matter to the following:						
LUBOMIR M GUEORGUIEV						
Name of Contact Person						
YOANNA FLIGHT SCHOOL INC. Firm/Company						
ATAS ESTERO RIVID AND						
4745 ESTERO BLVD. 402, Address						
FORT MYERS BEACH, FL 33931						
City/State and Zip Code						
LUBO@IA-GROUP.NET  E-mail address: (to be used for future annual report notification)						
r_						
Г						

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

statement of ch	ange is submitted for a c	orporation organized	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	e of FLORIDA	
	·			z oj Pioriaa.	
	the corporation: BEA\		N 5001H, INC. RT MYERS. FL 33907	<u>,</u>	
2. The principal	office address: 000 D	WEET DIG TO	(11)121(0.12 0000)		
-	address (if different): 51	00 S CLEVELA	ND AVE, STE318, PM	IB 132	
4. Date of incor	poration/qualification:	03/04/1996	_ Document number:	P96000020776	
	d street address of the cu rtment of State: (If resign		t and registered office on fi	le with the	
	DALE RABASSI				
	2817 SW 36TH ST	TREET		<i>*</i>	
	CAPE CORAL, FL	33914		TARREST OF	
6. The name and (if changed):		,	f changed) and /or registere	d office A SSEE	
	YOANNA FLIGHT	SCHOOL INC.		- From the	
4745 ESTERO BLVD. 402,					
P.O. Box NOT acceptable  FORT MYERS BEACH, FL 33931					
The street addre		<del></del>	ress of the business office	of its registered agent,	
Such change wa	is authorized by resolutive board, or the corporate	on duly adopted by ion has been notified	its board of directors or b d in writing of the change	y an officer so	
Signatur	e of an officer or director		DALE RABASSI,	DIRECTOR	
hereby accept further agree to f my duties, and locument is bein corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and ag sions of all statutes I accept the obligati t a change in the reg of this change.	ree to act in this capacity relative to the proper and on of my position as regis gistered office address, I h		
Lulan	ature of Registered Agent	my_	09/17/20	10	
	. •	<del>_</del>	Date		
•	nalf of an entity:				
LUBOMIR M. GUEORGUIEV 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