P96000066216

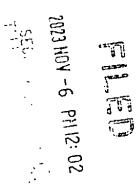
(Address) (Address) (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Jet Helseth Manufacturing, Inc. Name of Corporation	
DOCUMENT NUMBER: P96000066216	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Don Paul Corbin	
Name of Contact Person	
Jet Helseth Manufacturing, Inc.	
Firm/Company	
1730 Patterson Avenue	
Address	
DeLand, Florida 32724	
City/State and Zip Code	
dp@jethelsethmfg.com	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Don Paul Corbin	at (407)324-9001 Area Code & Daytime Telephone Number
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	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
		registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Jet Helseth Manufa	acturing, Inc.
2. The principal	office address: 1730 Patterson Ave	пие
DeLand, Florida		
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: August 8, 19	996 Document number: P96000066216
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	Astrid de Parry, P.A.	
	107 East Church St.	2022
	DeLand, Florida 32724-4323	NOV
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office PH 12: 02
	Don Paul Corbin	412
	1730 Patterson Avenue	02
		P.O. Box NOT acceptable
	DeLand, Florida 32724	
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered age
Such change wa authorized by th	sauthorized by resolution duly a board, or the corporation has b	idopted by its board of directors or by an officer so een notified in writing of the change.
- // PV		Don Paul Corbin, President
_	e of an officer or director	Printed or typed name and title
of my duties, and document is bei	the appointment as registered ay o comply with the provisions of a d I am fumiliar with and accept t ng filedmerely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and complete performa the obligation of my position as registered agent. Or, if t we in the registered office address, I hereby confirm that t hange.
/ ///		10/30/23
Sign	nature of Registered Agent	Date
If signing on bel	nalf of an entity:	
1,	ped 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
CR2E045 (04/13)