

P96000070249

WRB

W.R.B. ENTERPRISES, INC.

Suite 201
1414 Swann Avenue
Tampa, Florida 33606

100002856291--5

-04/29/99-01056-018

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 APR 29 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 29
5-4

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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: DEREWORTH AVIATION, INC.
2. The mailing address of the corporation is: 1414 SWANN AVE. SUITE 201
TAMPA FL 33606
3. Date of incorporation/qualification: AUG. 22 1996 Document number: P96000070249
4. The name and address of the current registered agent and office:

KARE R SMITH
4830 W. KENNEDY BLVD SUITE 201
TAMPA FL 33609


5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

MALCOLM HARRIS
1414 SWANN AVE, SUITE 201
TAMPA FL 33606

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TAMPA
SECRETARY OF STATE
TAMPA, FLORIDA

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.

 APRIL 15th 1999
(Signature of an officer, chairman or vice chairman of the board) (Date)

Nigel D. Wandle PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

M. C. Harris
(Signature of Registered Agent)

4/15/99
(Date)

If signing on behalf of an entity:

MALCOLM C. HARRIS
(Typed or Printed Name)

Registered Agent
(Capacity)