## P96000096329 TRANSMITTAL LETTER

-Clearwater Jet Center, Inc. SUBJECT: (Name of corporation) P96000096329 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Frank Angerame (Name of person) CyberCare, Inc. (Name of firm/company) \*\*\*\*\*35.00 \*\*\*\*\*35.00 2500 Quantum Lakes Drive, Ste. 1000 (Address) Boynton Beach, FL 33426 (City/state and zip code) For further information concerning this matter, please call: Frank Angerame (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street

Tallahassee, FL 32399

CR2E045(07/02)

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

Olya Char

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

	provisions of sec f change is submitt	ed for a corporat	ion organized un	der the laws of	the State of	•
of Florida.	in order to	change iţs_regist	ered office or reg	zistered agent, c	or both, in the Sta	te
-	the corporation:	Clearwater	Jet Center,	Inc.		
2. The principal	-	15707 Fair	child Drive,	Hanger 4		
<del></del>	<del></del>	Clearwater	, FL 33762			
3. The mailing	address (if different	•	tum Lakes Dri each, FL 3342	·	0	
4. Date of incor	poration/qualificati	on: 11/20/9	5 Docu	ment number: _	P96000096329	
	d street address of t rtment of State:	he current registe	red agent and reg	gistered office o	n file with the	
	Ro	odger L. Hoch	nan			
	2500 Quantum Lakes Drive, Ste. 1000					
	Вс					
6. The name ar changed):	nd street address o	f the new registerank Angerame	ered agent (if cha	anged) and /or:	registered office (	įif
	2500 Quantum Lakes Drive, Ste. 1000 (P.O. Box or personal mailbox NOT acceptable)					
	Boynton Beach, FL 33426					
The street addreagent, as chang	ess of its registered ed will be identica	office and the st	reet address of the	he business offi	ce of its registered	d
Such change was authorized by the	as authorized by re ne board, or the con	solution duly add poration has bee	opted by its boar in notified in wri	d of directors or ting of the chan	by an officer so	
(Signature of an officer	Stateman or vice chairman	of the board)	Joseph R. (Printed	FORTE PRO	ESIDENT	
nertormance of	the appointment a to comply with the my duties, and I a t. Or, if this docur I hereby confirm th	m tamiliar with d	ind accept the of	iligation of my i	nosition as	
_ U ro	ignature of Registered Ager	in a	Aug	20 7 (Date)	00 K	
If signing on behal	· · · · · · · · · · · · · · · · · · ·		0	(Satis)	ARY OF	
(7	Typed or Printed Name)	* * * FILING F	EE: \$35.00 * * *	(Capacity)	OF STATI	
	Make checks pa	yable to Florida De	PARTMENT OF STATE A	ND MAIL TO:	哥 36	

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314