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		• • <u>•</u> ••	Office Use Only	
CORP		NT NUMBER	(S), (if known):	
1	' = ≡≣≣≣≣ Paradise Aviation, Inc.	(Documen	t ⊂	
2	9850 Overseas Highway Marathon, FL 33050	(Documen		
3(Corporation Name)	(Documen		
4((Corporation Name)	(Documen	t #)	
Walk in	Pick up time		Certified Copy	
🗖 Mail out	Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDME	ENTS	4000028614440 -05/04/9901023016	
Profit	Amendment		******35.00 ******35.00	
NonProfit	Resignation of F	Resignation of R.A., Officer/Director		
Limited Liability	Change of Regis	Change of Registered Agent		
Domestication	Dissolution/Wit	Dissolution/Withdrawal		
Other	Merger			
OTHER FILING		RATION/ CATION	Joophy y	
Annual Report			J~ onna	
Fictitious Name	Foreign			
Name Reservation	Limited Partner		SAX M	
	Reinstatement		NOVE	
	Trademark			

Other

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 $\underline{FLOLIDA}$ 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: <u>PARADISE</u> AVIATION INC.

2. The mailing address of the corporation is:	9850	OVERSEAS	HIGHWAY
MARATHON,			0

3. Date of incorporation/qualification: JAU B, 1998 Document number: <u>P9800000741</u>0

4. The name and address of the current registered agent and office:

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

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.

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.

Signature of Registere

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

CR2E045(7/97)

DIVISION OF CORPORATIONS