P98000033475

PLEASE SEND ALL Cupies TO: SKY AVIATION 4024 N 29 AVE HOLLYWOOD FL 33020

THOUR YOU

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SEGRETARY OF STATE
PISION OF CORPORATIONS

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6/25/98

Florida Department of State, Sandra B. Mortham, Secretary of State

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: SKY AVIATION INC.
2. The mailing address of the corporation is: 4024 N. 29 AVE, HULLYWOOD FL 3302
3. Date of incorporation/qualification: 4/13/98 Document number: 698000033475
4. The name and address of the current registered agent and office:
ROBERT MION
4024 N. 29 AVE NOLLYWDOD FL 3302D 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
HOLLYWOUD FL 33020 = 3
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
151 5W 91" AVE SLITE 3U3 = 303
Phantation Florisa 33324 00 50
George Marouss
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.
() 5/98
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title) (Page 15/98 (Page 15/98)
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 Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
CR2E045(4/95) FILING FEE: \$35.00

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