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orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

F'rom:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please.*

Email Address:

REGISTERED AGENT CHANGE PRESIDENTIAL AIRWAYS, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

MAY 2 0 H2816

EXAMINER

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

statement of change	is submitted fo	r a corporation organis	t, 607.1508, or 617.1508, Florid zed under the laws of the State o red agent, or both, in the State o	of Florida
1. The name of the	corporation:	Presidential Airway	/s, Inc.	
2. The principal offi	ice address:	114 Hangar Lane		
	<u>-</u>	Camden, NC 2792	1.	
3. The mailing addre	ess (if different): 1100 N. Wood I	Dale Road	
	·	Wood Dale, IL	60191	
4. Date of incorpora	ation/qualificati	on: 6/12/1998	Document number: P98	000053444
5. The name and str Florida Departme		he current registered ag	ent and registered office on file	
С	T Corporation	n System		
12	200 South Pin	e Island Road		
Pl	antation, FL	33324		
6. The name and str (if changed):	eet address of t	he new registered agent	t (if changed) and /or registered	office S
Co	orporation Se	rvice Company		
12	201 Hays Stre	et		
_		(P.O. Box NOT acceptable)		
Ta	allahassee, FL	. 32301		
The street address of as changed will be	of its registered identical.	d office and the street a	address of the business office of	
Such change was a authorized by the b	uthorized by re board, or the co	esolution duly adopted reporation has been not	by its board of directors or by ifficed in writing of the change.	an of the co
(Signature of	t J Con	4 <u>~</u>	Robert J. Regan, Vice Pre	_
I hereby accept the I further agree to c of my duties, and I document is heing to corporation has be Zorporation?	e appointment a comply with the am familiar wi filed merely to sen notified in v Service Comp	ns registered agent and provisions of all statu th and accept the obli reflect a change in the writing of this change. Daffy	l agree to act in this capacity, ites relative to the proper and gation of my position as regist registered office address, I h	complete performance ered agent. Or, if this erehy confirm that the
By	A REMARKS AND THE PARTY OF THE	cnt)	May 18, 2010	
If signing on behalf	f of an entity:			
	1. Asst. V. d or Printed Name)	.P.		

* * * 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 (8/05)