Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Fax Number : (850)878-5368

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

Email	Address:		

REGISTERED AGENT CHANGE HANGAR G-2, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Brown

11/18/2011

COVER LETTER

SUBJECT:	Hangar G-2, Inc.
	Name of Corporation
OCUMENT NUMBE	R:P98000103448
he enclosed Statement	of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspo	endence concerning this matter to the following:
	Michael C. Sommers
 .	Name of Contact Person
	STS Holdings Inc.
,	Firm/Company
	2000 N.E, Jensen Beach Blvd.
-	Address
	Jonsen Beach, FL. 34957
	City/State and Zip Code
	mike.sommers@stsaviationgroup.com
E-ma	il address: (to be used for future annual report notification)
For further information c	oncoming this matter, please call: ,
	poration System at (800-132-3) Contact Person Area Code & Daytime Telephone Number
Name of	Contact Person Area Code & Daytime Telephone Number

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

. Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CKZE045 (8/05)

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

	of the corporation: Hangur C		ed agent, ar both, in the State		
	al office address: 2000 N.,) ch, F). 34957		rd.		
3. The mailing	address (if different):				
4. Date of inco	orporation/qualification:	12/11/1998	Document number:	P98000103448	
5. The name a Florida Dep	nd street address of the curn artment of State: (If resigna	rent registered age ed, enter resigned)	nt and registered office on fik	e with the	
	Sommers Michael				
	2000 N.E. Jensen Beach I			The state of the s	
	Jensen beach, Fl. 34957			HAS:	
6. The name ar (if changed)		registered agent (if changed) and /or registered	Toffice KOFST	
	C T Corporation System				
•	c/o C T Corporation Syste	m, 1200 South Pin	e Island Road	***	
		P.O. Box NOT a	сершы		
	Plantation, Florida 33324			 .	
The street add as changed will	ress of its registered office Il be identical.	and the street ad	dress of the business office of	of its registered agent,	
Such change wanthorized by	vas authorized by resolution the bosed or the corporati	on duly adopted b on has been notif	y its board of directors or by led in writing of the change.	y an officer so	
Michael	Cofamer		Michael C. So	nmers	
I hereby uccep I further agree of my duties, a decument is he corporation ha	I the appointment as regis to comply with the provis not am familiar with and ing filed merely to reflect is been notified in writing	tered agent and a ions of all statute accept the obliga a change in the r of this change.	Printed or typed name a sgree to uct in this capacity, s relative to the proper and uion of my position as regist egistered office address, I he	complete performance tered agent. Or if this ereby confirm that the	
By CT	Corporation System	1	11-18-11 Dute		
If signing on b	chalf of an entity:				
Mad	lonna Cuddilus				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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

CR2E045 (8/05)