(Re	questor's Name)	
(Ad	dress)	
•		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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12/31/08--01048--009 ***157.50

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Sunset Air Inc. (Name of Corporat	ion) +			
DOCUMENT NUMBER: P99000009997				
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	following:			
Kristi M. Mel	loy			
(Name of Contact Pe	erson)			
Sunset Air I	no			
(Firm/Company)			
	·			
5631 8th Street	West,			
(Address)				
Labiah Assas Et 22074				
Lehigh Acres, FL 33971 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Kristi M. Meloy at ((Name of Contact Person)	239) 693-9005 Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of	f State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Sunset Air Inc.	
2. The principal	al office address: 5631 8th Street West, Lehigh Acres, FL 33971	
3. The mailing a	address (if different):	
4. Date of incor	prporation/qualification: 1/29/1999 Document number: P99000009997	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Ronald D. Kelly	
	6601 Nalle Grade Rd.	
	N. Ft. Myers, FL 33917	
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office RECENTION	
	Jason T. Schreyer	
	5631 8th Street West (P.O. Box NOT acceptable)	
	Lehigh Acres, FL 33971	
The street addr	ress of its registered office and the street address of the business office of its registered agent, ll be identical,	
-	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
//	Jason. T. Schreyer Meside (Printed or typed name and title)	W
I hereby accept I further agree of my duties, ar document is be corporation ha	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing liked merely to reflect a change in the registered office address, I hereby confirm that the assets been notified in writing of this change.	
(S)	Signature of Registred Agent) 12 29 08 (Date)	
It signing on be	behalf of an entity:	
	(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(8/05)

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