Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

; ;;;;

REGISTERED AGENT CHANGE

SKYWAY EXPRESS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/18/2008

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

statement of cha	provisions of sections 607.0302, 617.0502, 607.1508, or 617.1508, Florida Statu ange is submitted for a corporation organized under the laws of the State of <u>FLOS</u> or to change its registered office or registered agent, or both, in the State of Florid	RIDA	
1. The name of	the corporation: SKYWAY EXPRESS, INC.		
2. The principal	office address: 2861 EXECUTIVE DRIVE SUITE 200 CLEARWATER FL 33762		_
3. The mailing a	address (if different): PO BOX 320845 TAMPA FL 33679		_
4. Date of incorp	poration/qualification: 3/26/1999 Document number: P99000027965	5	_
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the truent of State:	;	
	ANDREW SERVICE CORPORATION OF FLORIDA		
	201 N. FRANKLIN STREET, SUITE 2100	2008 SE(TAL)	
•	TAMPA FL 33602	ARE JE	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	2008 JUL 18 PH SECRETARY OF TALLAHASSEE. F	
•	C T Corporation System	2:51 STATI	
	c/o C T Corporation System, 1200 South Pine Island Road	O(1) #	
	(P.O. Box NOT acceptable)		
	Plantation, Florida 33324		
	ess of its registered office and the street address of the business office of its registered. It is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.		
leht l	walle Robert Cascella E	resident	
I hereby accept I further agree to of my duties, an appropriation has By: (Signing on bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete to an familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, Thereby contains to writing of this change. C T Corporation System T - 17 - 200 8 That of an entity: Lonna Cuddiny Assistant Secretary		
•	* * * 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)

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