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PA Change 09/27/10

COVER LETTER

| TO: Amendment Section Division of Corporation | on Pations |
|---|--|
| SUBJECT: | Jet Sharing, Inc. Name of Corporation |
| DOCUMENT NUMBER | D00000004000 |
| The enclosed Statement of | Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspond | dence concerning this matter to the following: |
| | Olga E. Parra, Esq Name of Contact Person |
| | c/o Galaxy Corporate Offices Firm/Company |
| | 2255 Glades Road, Suite 321A Address |
| | Boca Raton, Florida 33431 City/State and Zip Code |
| E-mail | oparra@galaxyaviation.net address: (to be used for future annual report notification) |
| | cerning this matter, please call: E. PARKA at (561) 417 963 8 Intact Person Area Code & Daytime Telephone Number |
| | made payable to the Department of State |

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

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid ange is submitted for a corporation organized under the laws of the State o | of Florida | , |
|--|---|-------------------------------------|---------------|
| | er to change its registered office or registered agent, or both, in the State of | of Fioriaa. | |
| | the corporation: <u>Jet Sharing, Inc.</u> office address: <u>2255 Glades Road Suite 321 A, Boca Raton, I</u> | FI 33431 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incor | poration/qualification: 9/20/1999 Document number: | P99000084062 | |
| | d street address of the current registered agent and registered office on file rtment of State: (If resigned, enter resigned) | with the | |
| | Richard Breslow | | |
| | 2255 Glades Road, Suite 321A | | |
| | Boca Raton, FI 33431 | 3 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered | office SEP 24 | |
| | Olga E. Parra, Esq. | | |
| | 2255 Glades Road, Suite 321A | — \$\frac{1}{2} \cdot 2 \frac{1}{2} | D |
| | P O. Box NOT acceptable Boca Raton, FI 33431 | <u> </u> | |
| The street addre | ess of its registered office and the street address of the business office of be identical. | of its registered agent | , |
| · | as authorized by resolution duly adopted by its board of directors or by ne board, or the corporation has been notified in writing of the change. | | |
| | Michael Faren, Chief F | -inancial Officer | |
| I hereby accept I further agree to of my duties, and document is bei corporation has | 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 a d I am familiar with and accept the obligation of my position as registent filed merely to reflect a change in the registered office address, I he been notified in writing of this change. | | :e is e |
| | lg - Esa 9/1/1 | 0 | |
| | half of an entity: | | |
| T | yped or Printed Name | | |

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