

Division of Corporations Public Access System

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Division of Corporations

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: MACFARLANE FERGUSON & MCMULLEN Account Name

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REGISTERED AGENT CHANGE

BERNIE LITTLE AVIATION, INC.

Certificate of Status	0
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Corporate Filing Menu

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P.02/02

stateme	nt of change is submitted for a corporation organized under the laws of the State o _ in order to change its registered office or registered agent, or both, in the State o	
		/ PiOriaa.
	name of the corporation: Bernie Little Aviation, Inc.	
2. The	orincipal office address: 1314 S.W. 17th Street, Ocala, Florida 34474	
3. The	nailing address (if different): P.O. Box 5279, Ocala, Florida 34478	
4. Date	of incorporation/qualification: 12/06/1999 Document number: P990	00105239
	name and street address of the current registered agent and registered office on file da Department of State:	with the
	James W. Goodwin	
	400 North Tampa Street, Suite 2300	
	Tampa, Florida 33602	1
	name and street address of the new registered agent (if changed) and /or registered (anged):	2007 AUG SECRETA TALLAHA
	James W. Goodwin, Esq.	13 ARY SSE
	201 North Franklin Street, Suite 2000 (P.O. Box NOT acceptable)	AM IO: OF STA
	Tampa, Florida 33602	0: 39 TATE ORID
The str as char	eet address of its registered office and the street address of the business office oged will be identical.	T. *
Such c	nange was authorized by resolution duly adopted by its board of directors or by zed by the board, or the corporation has been notified in writing of the change.	an officer so
<u> </u>	(Signatule of an otificer of director) James W. Goodwin, Au (Printed or typed name a	uthorized Rep
I hereb I furthe of my a docum corpor	y accept the appointment as registered agent and agree to act in this capacity, r agree to comply with the provisions of all statutes relative to the proper and c uties, and I am familiar with and accept the obligation of my position as registe ent is being filed merely to reflect a change in the registered office address, I he ation has been notified in writing of this change.	complete performance cred agent. Or, if this reby confirm that the
	mul	•
	(Signature of Registered Agent) (Date)	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)

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

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(Typed or Printed Name)