orida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

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

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

JET AVIATION INTERNATIONAL, INC.

Certificate of Status	0
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Corporate Filing Menu

4 (hang) 09-15-09

9/14/2009

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Electronic Filing Menu

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

statement of ch	ange is submitted for a corpo	ration organize	607.1508, or 617.1508, Florida Stated under the laws of the State of Flored agent, or both, in the State of Flored	orida	
1. The name of	the corporation; Jet Aviatio	n International, I	Inc.		
	office address: 112 Charles	A. Lindberg Dri	ive, Teteroro, NJ 07608		
3. The mailing	address (if different): 2941 F	airview Park Dr	ive, Suite 100, Falls Church, VA 2204	42-4513	
4. Date of incor	poration/qualification:	12/26/91	Document number:	V02318	
	d street address of the current rtment of State: (If resigned,		nt and registered office on file with t	he	
	Corporation Service Compa	ny			
	1201 Hays Street		·.	8	
	Tallahassee, FL 32301			1 P 2 T	
6. The name an (if changed):	1 street address of the new re	egistered agent ((if changed) and /or registered office	<u> </u>	
	C T Corporation System			F S	
	c/o C T Corporation System,	1200 South Pin	s Island Road		
P.O. Box NOT acceptable					
	Plantation, Florida 33324				
The street addn as changed will	ess of its registered office as be identical.	nd the street ad	dress of the business office of its r	egistered agent,	
Such change wanthorized by t	as authorized by resolution he board, or the corporation	duly adopted b has been notif	y its board of directors or by an of ned in writing of the change.	ficer so	
- Julie	P. Aslekson		Julie Aslaksen, Secretar	у	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registe to comply with the provision and I amiliar with and ac ang filed merely to reflect a s been notified in writing of		agree to act in this capacity. es relative to the proper and completion of my position as registered a registered office address, I hereby o	ete performance gent. Or, if this confirm that the	
By: CT	Corporation System		9/14/09		
Sig	reture of Registered Agent		Date		
If signing on be	half of an entity: Judi Asst. Secre	th B. Argao tary & V. Pre	esident		
<u>_</u>	yped or Printed Name				
		filing fee	; \$35.00. ***		
M CR2E045 (8/05)	Make Checks Pay ail to: Division of Corpo	ABLE TO FLOR ORATIONS, P.O	ida Department of State . Box 6327, Tallahassee, FL 323	314	