V21215

(Requestor's Name)		
		/
wings And 6460 Miaa	rietion Se NW 25 Li FL 33	ervices 5 st #4:
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
ł		

Office Use Only



700210823947

08/17/11--01007--003 **35.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2011

WINGS AVIATION SERVICES, INC. 6460 NW 25 ST. #4 MIAMI, FL 33122

SUBJECT: WINGS AVIATION SERVICES, INC.

Ref. Number: V21215

We have received your document for WINGS AVIATION SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

YOU FAILED TO COMPLETE PART 5 OF THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 811A00019497



RECEIVED

11 AUG 29 AM 8: 04

SECRETARY OF SCALE

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Wings Aviation Services, Inc. 2. The principal office address: Building 704 Miani International Airpo Miani FL 33122
3. The mailing address (if different): 6460 NW 25th Street #4
Miani FL 33/22
4. Date of incorporation/qualification: 3/16/1992 Document number: V212/5
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)_
AVI SWARTZON
608 NW 110 AVE
Plantetion, FC 33324 = 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mioni FL 33122
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the carporation has been notified in writing of the change.
Signature of an office of director Avi Swartzon president Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I amiliar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Mi Leen 8/15/2011
Signature of Registered Agent If signing on behalf of an entity:
Typed or Printed Name

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