Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Cor			
	Fax Number	: (850)617-6380		
From:				
	Account Name	: REGISTERED AGENTS INC.	ইংগ ⊐াং	
	Account Number	: 120090000081		
	Phone	: (307)200-2803		
	Fax Number	: (855)330-1010		-
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**Enter the	email address for	this business entity to be used for fut	មេរ៉ា e ្នា	i
annual	report mailings.	Enter only one email address please.**		ţ
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REGISTERED AGENT CHANGE GPS AERIAL SERVICES, INC.

Certificate of Status	0		
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Estimated Charge	\$35.00		

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Corporate Filing Menu

Help

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this tatement 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.	
. The name of the corporation: GPS AERIAL SERVICES, INC.	_
. The principal office address: 103 OCEAN WAY DRIVE, PONCE INLET, FL 32127	
. The mailing address (if different): 103 OCEAN WAY DRIVE, PONCE INLET, FL 32127	
. Date of incorporation/qualification: 03/08/1993 Document number: P93000018643	_
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)	
KENNETH M. CREED, JR.	
103 OCEAN WAY DRIVE	
PONCE INLET, FL 32127	, I
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	: .
Registered Agents Inc.)
3030 N. Rocky Point Dr., STE 150A	
Tampa, FL 33607	
The street address of its registered office and the street address of the business office of its registered agent.	
such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
KENNETH M. CREED, JR., President Supposture of affinition of directive Printed or typed name and title	
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar 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 be be confirm that the corporation has been notified in writing of this change.	
Figurature of Registered Again 07 09 2017	
signing on behalf of an entity:	
Bill Havre	
typed or Printed Name *** 配料 INC おおお・**	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)