

F 01000003664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

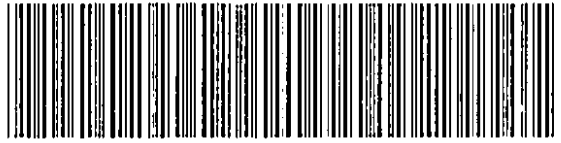
(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 12 PM 1:57

SECRETARY OF STATE

Aug 12 2020

RECEIVED
AUG 16 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 383242 5021613
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : August 11, 2020
ORDER TIME : 10:52 AM
ORDER NO. : 383242-015
CUSTOMER NO: 5021613

CHANGE OF AGENT

NAME: VIA AIRLINES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2020

CORPORATION SERVICE COMPANY

SUBJECT: VIA AIRLINES, INC.
Ref. Number: F01000003664

RESUBMIT
Please give original
submission date as file date.

We have received your document for VIA AIRLINES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please correct the date of incorporation, our records show the date as: July 11, 2001.

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.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 520A00015315

RECEIVED
2020 AUG 17 PM 1:51

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Via Airlines, Inc.
Name of Corporation

DOCUMENT NUMBER: F01000003664

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Kayla Lee
Name of Contact Person
c/o Wexford Capital LP
Firm/Company
677 Washington Blvd., Suite 500
Address
Stamford, CT 06901
City/State and Zip Code
legalnotices@wexford.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla Lee at (203) 862-7000
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Via Airlines, Inc.
2. The principal office address: 10794 Craig Blvd, Jacksonville, FL 32225
3. The mailing address (if different): 677 Washington Blvd., Suite 500, Stamford, CT 06901
4. Date of incorporation/qualification 07/11/2001 Document number: F01000003664
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)

resigned

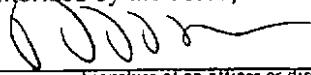
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301

P.O. Box NOT acceptable

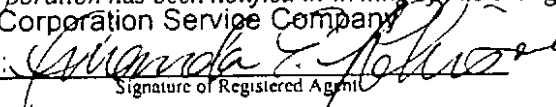
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Arthur Amron, Director
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 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 hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company
By: 
Signature of Registered Agent

8/17/20
Date

If signing on behalf of an entity:
Amanda Robinson
Asst. Vice President
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)