

F19 000000 3974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

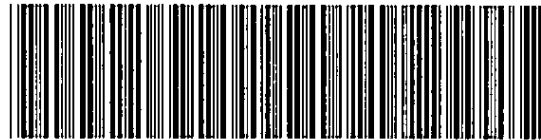
(Business Entity Name)

(Document Number)

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RA change

07/23/21--01015--018 \*\*35.00

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SECRETARY OF STATE  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NORTHERN JET MANAGEMNT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F19000003974

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:

James Parker

Name of Contact Person

Northern Jet Management, Inc.

Firm/Company

5500 44th Street SE Bldg 203

Address

Grand Rapids, MI 49512

City/State and Zip Code

jdarker@northernjet.net

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

For further information concerning this matter, please call:

James Parker

Name of Contact Person

at (616) 336-4793

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

1. The name of the corporation: Northern Jet Management, Inc.
2. The principal office address: 5500 44th Street SE Bldg 203 Grand Rapids, MI 49512
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/27/2019 Document number: F19000003974
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)

Dawn Rybarczyk

5171 Coral Wood Dr.

Naples, FL 34119

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

James Parker

5171 Coral Wood Dr.

P.O. Box NOT acceptable

Naples, FL 34119

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

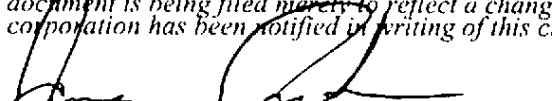
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Christopher Schultz, VP of Operations

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.*

  
Signature of Registered Agent

7/19/21

Date

If signing on behalf of an entity:

James Parker

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)

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