Paccocosus

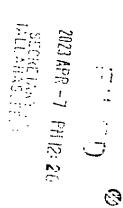
(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
	J. HC JUN 24	^{DRNE} 2023			

Office Use Only



200405186702

54,074.3 6:313 616 4:30.1;



COVER LETTER

SUBJECT: ADVANTAGE AIRLINE PARTS INC Name of Corporation		
DOCUMENT NUMBER: P2000000863		
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:		
Friedrich Lachner		
Name of Contact Person		
ADVANTAGE AIRLINE PARTS INC.		
Firm/Company		
17735 BONIELLO ROAD		
Address		
BOCA RATON, FL 33496		
City/State and Zip Code		
flachner@airlinegse.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Friedrich Lachner 770 5211107	770 5211107	
Friedrich Lachner at (770) 5211107 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 Street Address: Amendment Section		
	Amendment Section	
	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sec statement of change is submitted in order to change its r	l for a corporation organi	zed under the laws of the Stat	e ofFlorida
1. The name of the corporation:	ADVANTAGE AIRLINE	E PARTS INC.	
The principal office address: 17735 BONIELLO ROAD			
	BOCA RATON, FL 3349	96	
3. The mailing address (if different	ent):		
4. Date of incorporation/qualific	ation:11/21/2019	Document number:	P20000000863
5. The name and street address of Florida Department of State: (of the current registered ag	gent and registered office on fi	
C T CORF	PORATION SYSTEM		
1200 SOL	JTH PINE ISLAND ROAD		
PLANTAT	TION, FL 33324		
6. The name and street address of (if changed): Registered	of the new registered agen	t (if changed) and /or registere	ed office
7901 4th St N STE 300		A 197	
	burg FL 33702	NOT acceptable	2-7
The street address of its registe as changed will be identical.	red office and the street a	address of the business office	of its registered agent.
Such change was authorized by authorized by the board, or the		by its board of directors or b ified in writing of the change	oy an officer so
Signature of an officer or dire		Friedrich Lachner	and title
I hereby accept the appointmen I further agree to comply with a of my duties, and I am familiar document is being filed merely corporation has been notified i	the provisions of all stam with and accept the obli- to reflect a change in the	l agree to act in this capacity des relative to the proper an gation of my position as regi registered office address, T	i, I complete performance stered agent. Or, if this hereby confirm that the
David Regner		3/23/23	
Signature of Registered	Agent	Date	
If signing on behalf of an entity	v:		
David Roberts			
Typed or Printed Name	* * * FILING FE	E: \$35.00 * * *	

i

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