I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

VP

SIGNATURE: SHERIE JAN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P1000089666

Entity Name: ALLFLIGHT FLORIDA CORPORATION

Current Principal Place of Business:

8100 NW 21ST. DORAL, FL 33122

Current Mailing Address:

18321 VENTURA BLVD. SUITE 400 TARZANA, CA 91356

FEI Number: 27-3859101

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/Director Detail :

Title	Ρ	Title	VP
Name	WU, JIMMY	Name	JAN, SHERIE
Address	8100 NW 21ST.	Address	8100 NW 21ST.
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122

Electronic Signature of Registered Agent

Certificate of Status Desired: No

01/25/2017

FILED Jan 25, 2017 Secretary of State CC0044234327

Date

Date