The above named	l entity submits this statement for the purpose of changing it	s registered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	E BENJAMIN C ESPARZA		04/08/20)24
	Electronic Signature of Registered Agent		Date	
Officer/Dired	ctor Detail :			
Title	P	Title	V	
Name	BELMARES, FRANCISCO	Name	ESPARZA, BENJAMIN C	
Address	8737 LAUREL GROVE LANE	Address	8737 LAUREL GROVE LANE	
City-State-Zip:	NORTH CHARLESTON SC 29420	City-State-Zip:	NORTH CHARLESTON SC 29420	
Title	S			
Name	TORRES, LUIS			
Address	8737 LAUREL GROVE LANE			
City-State-Zip:	NORTH CHARLESTON SC 29420			

Current Mailing Address:

7859 SW HWY 200 SUITES 5 & 6

8737 LAUREL GROVE LANE NORTH CHARLESTON, SC 29420

FEI Number: 86-3497009 Name and Address of Current Registered Agent:

ESPARZA, BENJAMIN C 7

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.

SIGNATURE: ESPARZA, BENJAMIN C

Electronic Signature of Signing Officer/Director Detail

MANAGER

04/08/2024

FILED Apr 08, 2024 Secretary of State 3279007493CC

Certificate of Status Desired: No

Date

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000043706

Entity Name: AZUL OF OCALA, INC.

Current Principal Place of Business:

OCALA, FL 34476