

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060649

Entity Name: ATLANTIC COAST HELICOPTERS, INC.**Current Principal Place of Business:**C/O ARMOUR LP
3001 OCEAN DRIVE SUITE 201
VERO BEACH, FL 32963**Current Mailing Address:**C/O ARMOUR LP
3001 OCEAN DRIVE SUITE 201
VERO BEACH, FL 32963 US**FEI Number:** 58-2478093**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODNIGHT, KRISTI
C/O ARMOUR LP
3001 OCEAN DRIVE SUITE 201
VERO BEACH, FL 32963 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:** KRISTI GOODNIGHT**04/27/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | PD |
| Name | ULM, SCOTT |
| Address | C/O ARMOUR LP 3001 OCEAN DRIVE SUITE 201 |
| City-State-Zip: | VERO BEACH FL 32963 |

| | |
|-----------------|-------------------------------|
| Title | PD |
| Name | ZIMMER, JEFFREY J |
| Address | 3001 OCEAN DRIVE SUITE 201 |
| City-State-Zip: | VERO BEACH FL 32963 |

| | |
|-----------------|---|
| Title | SECRETARY |
| Name | GOODNIGHT, KRISTI |
| Address | C/O ARMOUR LP 3001 OCEAN DRIVE SUITE 201 |
| City-State-Zip: | VERO BEACH FL 32963 |

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: KRISTI GOODNIGHT**RA****04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date