From: Kaity Toon

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (954)208-0845

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please. ...

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2022 SEP 28 AM 8: 32

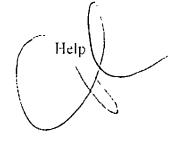
322 SEP 28 AH 11:

REGISTERED AGENT CHANGE SKY CHEFS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid ange is submitted for a corporation organized under the laws of the State of	of <u>Delay</u>	ware					
·	er to change its registered office or registered agent, or both, in the State of the corporation: Sky Chefs, Inc.	ין דעידונ	RI.					
	office address: 5040 Riverside Dr., Bldg.1. Ste. 200 Irving, TX 75039							
3. The mailing a	address (if different):							
4. Date of incorp	poration/qualification: 05/02/1977 Document number: 83833	35 						
	d street address of the current registered agent and registered office on file rtment of State: (If resigned, enterresigned)	with th	ю					
	CORPORATE CREATIONS NETWORK, INC.			202				
	801 US HIGHWAY I		7: : 1	2022 SEP				
	NORTH PALM BEACH, FL 33408		<u></u>	28				
6. The name and (ifchanged):	office	LLAHASSEFA FI	AM 8: 3					
	C T Corporation System		7:	22				
	1200 South Pine Island Road							
	P.O Box NOT acceptable							
	Plantation, Florida 33324							
The street address changed will	ess of its registered office and the street address of the business office of be identical.	f its reg	gistered :	agent,				
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by he board, or the corporation has been notified in writing of the change.	an offic	er so					
Lui S	Lisa D. DuBois, Assist. Sec.							
Signam	fre of an officer or director Printed or typed name ar	nd title						
of my duties, an document is bei	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cand lam familiar with and accept the obligation of my position as registeing filed merely to reflect a change in the registered office address, I he is been notified in writing of this change. In System by:	complet red ago reby co	e perfor ent. Or, onfirm th	mance if this at the				
Jori Si	awan 99/28/2022 gusture of Registered Agent Date							
U								
If signing on be	ehalf of an entity:							
Jori Sawan, Assi	istant Secretary							
<u> </u>	yped 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)

By: