

F 010000003664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

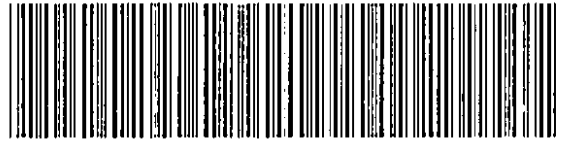
(Document Number)

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SECRETARY OF STATE

Aug 12 2020

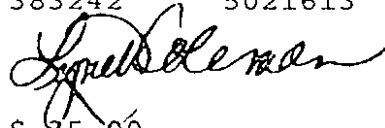
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AUG 15 2020

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 383242 5021613

AUTHORIZATION :



COST LIMIT : \$ 35.00

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ORDER DATE : August 11, 2020

ORDER TIME : 10:52 AM

ORDER NO. : 383242-015

CUSTOMER NO: 5021613  
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CHANGE OF AGENT

NAME: VIA AIRLINES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2020

CORPORATION SERVICE COMPANY

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: VIA AIRLINES, INC.  
Ref. Number: F01000003664

We have received your document for VIA AIRLINES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

Please correct the date of incorporation, our records show the date as: July 11, 2001.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 520A00015315

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Via Airlines, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F01000003664

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:

Kayla Lee

Name of Contact Person

c/o Wexford Capital LP

Firm/Company

677 Washington Blvd., Suite 500

Address

Stamford, CT 06901

City/State and Zip Code

legalnotices@wexford.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla Lee

Name of Contact Person

at (203)

862-7000

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Via Airlines, Inc.
2. The principal office address: 10794 Craig Blvd, Jacksonville, FL 32225
3. The mailing address (if different): 677 Washington Blvd., Suite 500, Stamford, CT 06901
4. Date of incorporation/qualification 07/11/2001 Document number: F01000003664
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Arthur Amron, Director

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By: [Signature]

Signature of Registered Agent

8/17/20  
Date

If signing on behalf of an entity:

Amanda Robinson  
Asst. Vice President

Typed 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)