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	Division of Co	•		~3
	Fax Number	: (850)617-6380		2022 OCT
From:				- 25 8
	Account Name	: REGISTERED AGENT	SOLUTIONS INC	-11
1	Account Number	: I20100000062		\sim ω
	Phone	: (888)705-7274		
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REGISTERED AGENT CHANGE NETJETS CARD PARTNERS, INC.

Certificate of Status	0
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A. BUTLER

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COVER LETTER

TO: Amendment Section Division of Corporations NetJets Card Partners, Inc. Name of Corporation F02000001244 DOCUMENT NUMBER: 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Name of Contact Person

Tallahassee, FL 32314

Street Address:

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

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of cha	provisions of sections 607,0502, 617 nge is submitted for a corporation of r to change its registered office or re	rganized under the la	ws of the State of				
	the corporation: NetJets Card P						
2. The principal	office address: 4111 BRIDGEV US, OH 43219						
	ddress (if different):						
4. Date of incorp	poration/qualification: 3/11/2002	Document	number: F0200)0001244			
	d street address of the current register tment of State: (If resigned, enter res		ed office on file w	vith the			
	CORPORATION SEF	RVICE COMP	ANY				
1201 HAYS STREET							
	TALLAHASSEE	FL	32301-2525	1022 OF CHECK CHECK			
6. The name and (if changed):	I street address of the new registered	agent (if changed) an		ffice $\frac{1}{3}$			
	Registered Agent Solu	tions, Inc.		SPE SPE			
	155 Office Plaza Dr.	Suite A		AM 9: 12			
	Tallahassee	P. Box NOT acceptable FL 3230	1				
The street addre	ess of its registered office and the sube identical.	reet address of the bu	siness office of i	its registered agent,			
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has been	opted by its board of a n notified in writing	directors or by ar of the change.	n officer so			
1st Jennifer	E. Beale	Jennifer E. E	Beale	Assistant Secretary			
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	t and agree to act in statutes relative to th obligation of my pos in the registered offic	this capacity. The proper and con	mplete performance			
Hockey	zidt	10/28/2022	2				
Sign	nature of Registered Agent		Date				
If signing on be	half of an entity:						
	Assistant Secretary						
Ŧy	yped or Printed Name * * * DILING	: FFF- C35 AA + + +					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)