F10 0000001527

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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JQ 10/02/20

COVER LETTER

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ice/Agent and fee are submitted for filing.
ter to the following:

ort notification)
e call:
at (1407) 499-7329
at (1407)499-7329 Area Code & Daytime Telephone Number
artment of State.
Street Address:
A mandmont Nootion
Amendment Section Division of Corporations
-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	ized under the laws of the State of M	lichigan_	nis	-
1. The name of	the corporation: Metro Air Service, Inc.				
	office address: c/o dnata, 12124 High Tech	n Ave. Suite 200			_
3. The mailing a	iddress (if different):				_
4. Date of incor	oddress (if different): poration/qualification: 04/09/2002 (incorp	date) Document number: F10000001	527		
5. The name and	I street address of the current registered a timent of State: (If resigned, enter resigned	gent and registered office on file with			
	INCORP SERVICES INC				
	17888 67TH COURT NORTH				
	LOXAHATCHEE, FL 33470			2021	
6. The name and street address of the new registered agent (if changed) and /or registered officif changed):		王봀	2020 AUG 1 ₄	,	
	Laura Morgan		388 30 A		r
	c/o dnata		Line Co	AM 10: 31	C
	P.O. Bo	NOT acceptable	<u> </u>	<u>ဒ</u> ရ	
	12124 High Tech Ave. Suite 200, Orlando	. FL 32817	•••	Ų.	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	register	ed ager	ıt,
Such change wanthorized by	authorized by resolution duly adopted ie board, or the corporation has been no	d by its board of directors or by an c tified in writing of the change.	officer so)	
1/1/20		J. David Barker, President			
Signatu	re of an officer or director	Printed or typed name and title	 		-
Thereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change.		olete per agent. V confirn	forman Or, if th 1 that ti	ice his he
Sig	nature of Registered Agent	07/28/2020 Date			_
	half of an entity:				
— т	yped or Printed Name				
	* * * FILING FE	CE: \$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)