9/2/22, 9:45 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000302848 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KATZ BARRON Account Number : 072627002473 Phone : (305)856-2444 Fax Number : (305)860-2588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 1000

sarunas@ajsupport.com Email Address:_

REGISTERED AGENT CHANGE ATLANTIC JET SUPPORT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

A. EUTLER
SEP-6 2022

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, thi, organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	<u></u>
L. The name of t	the corporation; ATLANTIC JET SU	JPPORT, INC.	
2. The principal	office address: 4801 JOHNSON RO	AD, SUITE 11, COCONUT CREEK, FL 33073	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/15/2011	Document number: F11000001638	
	d street address of the current register treent of State: (If resigned, enter re	cred agent and registered office on file with the esigned)	
	ZLATA ARCHY (RESIGNED)		
	4801 JOHNSON ROAD, SUITE 11,	, COCONUT CREEK, FL 33073	2022 SEP -2
(if changed): SARUNAS RACKAUSKAS		-2 PM 2:18	
	Г	O. Box NOT acceptable	
	k	street address of the business office of its registered lopted by its board of directors or by an officer so on notified in writing of the change.	l agent,
authorized by th	ne board, or the corporation has be	en notified in writing of the change.	
	re of an officer or director	SARUNAS RACKAUSKAS, DIRECTOR Printed or typed name and title	
I hereby accept I further agree t of my duties, an document is bel corporation has	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ny filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. I statutes relative to the proper and complete perfo c obligation of my position as registered agent. Or in the registered office address, I hereby confirm t ange.	rmance r, if this hat the
\	Manual Transport	09-01-2022	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	ped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

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