F12000003101

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |

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DZ4 AUG 15 AM II: 00 H CNL LARY OF SLATE

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT N | 10. : | 1200000 | 000195 |
|--------------------------------------|---------|----------------------|----------|
| REFEREN | ICE : | 551012 | 7424433 |
| AUTHORIZATI | on : | 3000 e | Care . |
| COST LIM | 1IT : | Ú\$\ _{35.0} | 18: 12 g |
| ORDER DATE : July 15, 2024 | 1 | | |
| ORDER TIME : 9:57 AM | | | |
| ORDER NO. : 551012-001 | | | |
| CUSTOMER NO: 7424433 | | | |
| | | · - | |
| CHANGE C | OF AGEN | 1 T | |
| | | <u>. = </u> | |
| | | | |
| NAME: SKY COURIE | R, INC | 2. | |
| | | | |
| | | | |
| PLEASE RETURN THE FOLLOWING | AS PR | ROOF OF E | FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | |
| | | | |
| CONTACT PERSON: Shauna God | lbolt | | |
| | EXAMI | NER'S IN | NITIALS: |

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 Ohio in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| |
| The name of the corporation: SKY COURIER, INC. The principal office address: 1210 South Pine Island Road, 1st Floor, Legal Dept., Plantation, FL 33324 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 07/25/2012 Document number: F12000003101 |
| 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) |
| C T Corporation System |
| 1200 South Pine Island Road |
| Plantation FL 33324 |
| 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. |
| /s/ Kevin Coles Kevin Coles, Vice President |
| Signature of an officer of 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 accument 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 08/14/2024 |
| By: US/14/2024 Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Ami M. Casper, 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)