## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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Email Address:

REGISTERED AGENT CHANGE GLOBAL AVIATION LEASING, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

	•	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida
-		r registered agent, or both, in the State of Florida.
1. The name of	the corporation: Global Aviation	n Leasing Inc
		STE 300 St. Petersburg, FL 33702
3. The mailing	address (if different): 7901 4th	St N STE 300 St. Petersburg, FL 33702
	rporation/qualification: 09/18/12	
	nd street address of the current regi artment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	UNITED STATES CO	RPORATION AGENTS, INC.
	476 RIVERSIDE AVE.	
	JACKSONVILLE, FL 3	32202
6. The name an (if changed):		red agent (if changed) and /or registered office  Agent LLC
	7901 4th St N STE 30	 O
	St. Petersburg FL 337	
The street addras changed wil	ress of its registered office and the	street address of the business office of its registered agent,
Such change wanthorized by t	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so
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Signal I hereby accep I further agree of my duties, a document is be corporation ha	the appointment as registered a t to comply with the provisions of nd I am familiar with and accept sing filed merely to reflect a chan as been notified in writing of this	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
TAK		1/15/2025
Sı	gnature of Registered Agent	Date
If signing on b	chalf of an entity:	
Taylor Nev		_
•	Typed or Printed Name	
	* * * FILI	NG FEE: \$35.00 * * *