

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H16000027979 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Phone

Fax Number

: (702)866-2689

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

REGISTERED AGENT CHANGE JETEX US INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
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FEB 0 4 2016

C. CARROTHERS

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## **COVER LETTER**

|          | Amendment Section<br>Division of Corporations   |  |
|----------|---|--|
| SUBJE    | CT: JETEX US INC  |  |
| DOCUE    | MENT NUMBER: F14000001860   |  |
|          | losed Statement of Change of Registered Office/Ag   | ent and fee are submitted for filing.  |
|          | eturn all correspondence concerning this matter to the  |  |
|          | Sara Brauti   | gam  |
|          | Name of Contact   | Person   |
|          | InCorp Service Firm/Compa   |  |
|          | rini/Compa  | ny   |
|          | 2360 Corporate Circle   | e · Suite 400  |
|          | Address   |  |
|          | Henderson, NV 89  | 074-7739   |
|          | City/State and Zi   | p Code   |
|          | managedreports@ir<br>E-mail address: (to be used for future                                     |  |
| For furt | her information concerning this matter, please call:  | ·  |
| Sara F   | Brautigam on behalf of Incorp Services, Inc. at<br>Name of Contact Person                       | (702 )866-2500<br>Area Code & Daytime Telephone Number   |
| Enclose  | d is a \$35.00 check made payable to the Department   | of State.  |
|          | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

CR2E045 (03/12)

H160000279793

Tallahassee, FL 32301

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

| statement of cha  | provisions of sections 607.0502, 617.0502, 607.1508, ar 617.1508, Florida Statutes, t<br>nge is submitted for a corporation organized under the laws of the State of Delawant<br>r to change its registered office or registered agent, or both, in the State of Florida.  |             |         |
|---|--|-------------|---------|
| 1 The name of t   | he corporation: JETEX US INC.  |             |         |
| 2. The principal  | office address: 3750 NW 87 Ave, Suite 25, Doral, FL 33178  |             |         |
| 3. The mailing a  | ddress (if different):   |             |         |
| 4. Date of incorp   | poration/qualification: 04/28/2014 Document number: F14000001860   | )           |         |
|   | street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)   | 35          | 2016    |
|   | CT CORPORATION SYSTEM  |             | FEB     |
|   | 1200 S Pine Island Rd  | AHASS       | 3<br>-3 |
|   | Plantation, FL 33324   |             |         |
| 6. The name and (if changed):   | street address of the new registered agent (if changed) and /or registered office  | STATE       | ዛ ៤: 30 |
|   | InCorp Services, Inc.  | Ç.          |         |
|   | 17888 67th Court North   | •           |         |
|   | P.O. Box NOT acceptable Loxahatchee, FL 33470  |             |         |
| as changed will   | ess of its registered office and the street address of the business office of its register   |             |         |
| authorized by the   | lyette Pla. President  |             |         |
|   | e of an officer or director Printed or typed name and title  |             |         |
| I hereby accept I further agree ( performance of agent. Or, if thi nereby confirm | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regists document is being filed merely to reflect a change in the registered office address that the Corporation has been notified in writing of this change. | ered<br>, I |         |
| )-J   | January 25, 2016   |             |         |
|   | nature of Registered Agent Date  | <b>_</b>    |         |
| If signing on bel   | half of an entity:   |             |         |
|   | ntigam on behalf of Incorp Services, Inc.  |             |         |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*

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