H15000001800

(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:

J. HORNE

OCT - 1 2025

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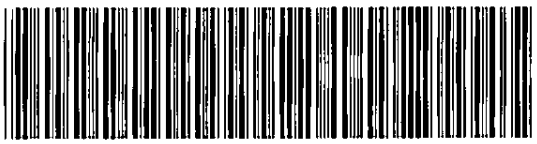

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DIVISION OF CORPORATIONS
2025 SEP 30 PM 1:44

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2025 SEP 30 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 9/30/2025 **PRIORITY** Regular Approval **OUR REF # (Order ID#)** 1413037

ORDER ENTITY
BRONTO SKYLIFT, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
BRONTO SKYLIFT, INC. (FL)

File the attached change of agent document

NOTES:
$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRONTO SKYLIFT, INC.
Name of Corporation

DOCUMENT NUMBER: F15000001806

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MADELIN CORDOVA
Name of Contact Person

Firm/Company

80 SW 8TH ST SUITE 2900
Address

MIAMI, FL 33130
City/State and Zip Code

madelin.cordova@tmf-group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MADELIN CORDOVA at (305) 377-1200
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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 NEW YORK _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: BRONTO SKYLIFT, INC.

2. The principal office address: 47 EAST TAFT VINELAND ROAD, ORLANDO, FL 32824

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/20/1972 Document number: F15000001806

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)

NRAI SERVICES, INC

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):

UNIVERSAL REGISTERED AGENTS, INC.

1317 CALIFORNIA STREET, TALLAHASSEE, FL 32304

P.O Box NOT acceptable

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Signature of an officer or director

HEIKKI SAARINEN, CFO
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 document 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.

/s/Tressa White
Signature of Registered Agent

09/24/2025
Date

If signing on behalf of an entity:

Universal Registered Agents, Inc.
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)