

F15000005121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

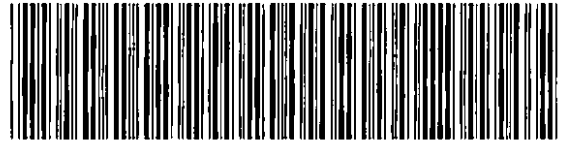
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Textron Aviation Inc.
Name of Corporation

DOCUMENT NUMBER: F15000005121

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:

Sherry L. Fleming

Name of Contact Person

Textron Aviation Inc.

Firm/Company

One Cessna Blvd., Bldg. W9

Address

Wichita KS 67215

City/State and Zip Code

CorporateGovernance@textron.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry L. Fleming

Name of Contact Person

at (316)

517-6505

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

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

1. The name of the corporation: Textron Aviation Inc.
2. The principal office address: One Cessna Blvd., Bldg. C1
Wichita KS 67215
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/16/2015 Document number: F15000005121
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)

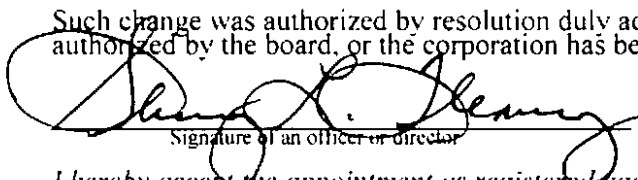
Andy Alberti
4134 Bear Road
Orlando FL 32827

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lynda Tjarks
P.O. Box NOT acceptable

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

Sherry L. Fleming, Assistant Secretary
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.


Signature of Registered Agent

10/12/2023
Date

If signing on behalf of an entity:

Lynda Tjarks
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
CR21045 (04/13)