F1800000 2347

(Requestor's Name)		
(Address)		
(Address)		
•	•	
(Cib	JCtoto (7 in IDb o o	- 40
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	
(50.	Siness Chity Hai	ne,
(Doe	cument Number)	T .
Certified Copies Certificates of Status		s of Status
Special Instructions to I		
Special instructions to r	-iling Onicer.	
L		

Office Use Only



700375806397

RO Charge

11/08/21--01027--003 **35.00

FILED
2021 NOV -8 AM11: 52

A. RAMSEY NOV 29 2021

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AFROLINEA del PARIDE SA 14C Name of Corporation
DOCUMENT NUMBER: F18000002347
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:
Name of Contact Person AEND INFO ALL CRUBE ST TAC Firm/Company 8247, NW 66 ST Address DOTAL FL. 33166 City/State and Zip Code Alwin Danalong/obs/ US E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305), 9884426 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State. M#2194
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 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

- L .

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: AEROLINEA of Child SA JUC
2. The principal office address: $8247 \text{ HW} 6657$ $2000 \text{ Desc}, \text{ Fl. } 331166$
3. The mailing address (if different):
4. Date of incorporation/qualification: $\underline{5/15/30/8}$ Document number: $\underline{F1800000234}$
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) 5. WAELA AVA
3247 NW 61 3T Doral, 71. 33166
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): SWIAULA, AVA 645 E MOWRY CT P.O. Box NOT acceptable **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name and street address of the new registered agent (if changed) and /or registered office **The name address of the new registered agent (if changed) and /or registered office **The name address of the new registered agent (if changed) and /or registered office **The name address of the new registered agent (if changed) and /or registered office **The name address of the new registered agent (if changed) and /or registered agent (if chan
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. The land of the change. Signatury of an officer or director director directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. 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 I A 2021 Date
If signing on behalf of an entity: Augustian State Company Co

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