

F190000000444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

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MAIL

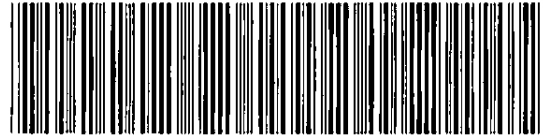
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

AB

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jet Insurance Company
Name of Corporation

DOCUMENT NUMBER: F19000000444

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:

Richard Popp

Name of Contact Person

Jet Insurance Company

Firm/Company

6701 Carmel Rd., Ste. 250

Address

Charlotte, NC 28226

City/State and Zip Code

benjamin@jetsurety.com

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

For further information concerning this matter, please call:

Richard Popp

Name of Contact Person

at (800)

438-1162

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

1. The name of the corporation: Jet Insurance Company
2. The principal office address: 6701 Carmel Rd., Ste. 250, Charlotte, NC 28226
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/24/2019 Document number: F19000000444
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)

Cogency Global Inc.

115 N Calhoun St, STE 4

Tallahassee, FL 32301

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

Chief Financial Officer

200 E Gaines Street

P.O. Box NOT acceptable

Tallahassee FL 32339

*as per section 624.422 F.S.

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 its officers, if so authorized by the board, or the corporation has been notified in writing of the change.

Benjamin Woodard
Signature of an officer or director

Benjamin Woodard, Treasurer

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.

Section 624.422 F.S.

Signature of Registered Agent

N/A - See section 624.422 F.S.

Date

If signing on behalf of an entity:

N/A - See section 624.422 F.S.

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

CR21 015 (04/13)

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TALLAHASSEE, FL