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	To:		
		Division of Corporations	
		Fax Number : (850)617-6380	
	From:		~)
		Account Name : REGISTERED AGENT SOLUTIONS INC	Š
_	-	Account Number : 1201000000000000000000000000000000000	<u>ت</u>
C:	_1	Phone : (888)705-7274	9939 ULT 130 6051
<u>-</u>	•	FAX NUMBER . 1000//00-/2/4	
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	**Enter	the email address for this business entity to be used for future>	
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## REGISTERED AGENT CHANGE NETJETS SERVICES, INC.

Certificate of Status	0
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A. BUTLER

NOV - 1 2022

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NetJets Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F21000007124

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

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	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual report i	notifica

For further information concerning this matter, please call:

Mary Castillo

Name of Contact Person

at (888 ) 705-7274

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

•	provisions of sections 607,0502 inge is submitted for a corporat					_			
in orde	r to change its registered office	or registered	agent, or bot	h, in the State of F	Florida.				
1. The name of t	the corporation: NetJets S	<u>Services,</u>	Inc.			_			
2. The principal	office address: 4111 BRI	DGEWA	Y AVEN	NUE		_			
COLUM	IBUS, OH 43219			<u>.</u>		_			
3. The mailing a	iddress (if different):			F040	00007404	_			
4. Date of incorp	poration/qualification: 12/1;	3/2021	_ Document	number: F210	00007124	_			
	d street address of the current re rtment of State: (If resigned, en	ter resigned)							
	CORPORATIO	<u>N SERV</u>	ICE C	<u>OMPANY</u>	<b>/</b> -				
	1201 HAYS STREET								
	TALLAHASSEE		FL	32301-2525	2022 O	ama			
TALLAHASSEE  FL  32301-2525  6. The name and street address of the new registered agent (if changed) and /or registered office  (if changed):									
	Registered Ager	nt Solution	ons, Inc	<b>).</b>	172 중				
	155 Office Plaza	a Dr.	Suite A	\	, , , , , , , , , , , , , , , , , , ,	•			
	Tallahassee	P.O. Box NOT	3230	)1	- مح ارت	,			
The street addresses changed will	ess of its registered office and be identical.	the street addr	ess of the bu	siness office of it	s registered agei	nt,			
Such change wa authorized by th	as authorized by resolution du he board, or the corporation ha	ly adopted by is been notified	its board of a d in writing o	directors or by an of the change.	officer so				
/S/ Jennifer Signatu	E. Beale	J <u>e</u>	nnifer E	. Beale	Assistant Sec	retary -			
l further agree i of my duties, an document is bei	the appointment as registered to comply with the provisions ad I am familiar with and acce ing filed merely to reflect a che s been notified in writing of the	of all statutes i pt the obligation ange in the reg	relative to th on of my pos	te proper and con ition as registered	uplete performand agent. Or, if the by confirm that the	ice his he			
Macken	zidt-	1	0/28/20	22					
Sig	nature of Registered Agent	<u> </u>	-	Date		-			
If signing on be	half of an entity:								
<del></del>	Assistant Secretary								
T <sub>i</sub>	yped or Printed Name ** * # # ##	LING FEE: <b>S</b>	:35 00 * * *						
		1,110 FEE; 3	12.2.VU						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)