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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/18/2024					
Name:	Cheyanne Davis					
Reference #	2560407	_				
Entity Name	GLOBAL CROS	SING AIRLINES, INC.				
Article	es of Incorporation/Authorization	to Transact Business				
Amen	dment					
✓ Chang	ge of Agent					
☐ Reins	tatement					
Conversion						
☐ Merge	er					
☐ Disso	lution/Withdrawal					
Fictition	ous Name					
Other						
Authorized A	mount:\$35.00					
Signature:	Ohym Paine					

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

statement of char	nge is submitted for a co	orporation organize	507,1508, or 617,1508, Fl d under the laws of the St d agent, or both, in the Sta	ate of Delaware			
	•						
2. The principal of	office address:		GLOBAL CROSSING AIRLINES, INC.				
3. The mailing ac	ddress (if different):		no change				
4. Date of incorporation/qualification: 02/17/2				F2200001004			
	street address of the cu ment of State: (If resign		nt and registered office on	file with the			
		WEGEL, EDWA	ARD J				
		4200 NW 36 ST., E	BLDG. 5A	202			
		MIAMI, FL 33	1024 NOV 18				
6. The name and (if changed):	street address of the ne		if changed) and /or registe	accionicie -			
		Cogency Globa	il Inc.	AM 9: 07			
	Cogency Global Inc.			07			
		P O Box NOT acceptable					
	Tallahassee, Florida 32301						
The street address as changed will	ss of its registered office be identical.	ce and the street add	dress of the business offic	ce of its registered agent.			
			vits board of directors or ed in writing of the chan				
	/s/ Ryan Goepel		Ryan Goepe				
I hereby accept if further agree to of my duties, and document is bein	e of an officer or director the appointment as reg o comply with the prov I I am familiar with an ng filed merely to reflec been notified in writin	risions of all statute, ad accept the obliga ct a change in the r	Printed or typed nar gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address,				
/s/ Michael Carlisle			Nov. 15. 2024				
Sign	ature of Registered Agent		Date				
If signing on bel	nalf of an entity:						
Michael C	arlisle, Assistant Secre	etary					
Ty	ped 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)