## "FZ300000 AOH!

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<del></del>
Special Instructions to Filing Officer:
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Office Use Only



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LEY OF STATE

2021 JUL -9 AH II: 38

C-7/5/21

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext:

Date: 07/08/24 Order #: 1550138-1

Re: Air Time Automotive Incorporated

Processing Method: In-House

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I200000001

**AUTH** 

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation o er to change its registered office or r	organized under the law	s of the State o	of DE		
1. The name of	the corporation: AIR TIME AUTOMO	OTIVE INCORPORATE	ED			
	office address: 711 THIRD AVENU			)017		
3. The mailing a	address (if different):					
_	poration/qualification: 12/21/2023	Document n	umber: F2300	)0007041		
5. The name and	I street address of the current register tment of State: (If resigned, enter re	ered agent and registered				
	Forehand, John W					
	18851 NE 29TH AVENUE, SUITE	E 303				
	AVENTURA	FL	33180			
6. The name and (if changed):	I street address of the new registered	l agent (if changed) and	l /or registered	office.	, -5	, <u>,                                   </u>
	Corporation Service Company			333 30 30 30 30 30 30 30 30 30 30 30 30	WH IO:	F
	1201 Hays Street			STAT		العبية
	P.	O. Box NOT acceptable		<u>—</u> ги	C;	
	Tallahassee	FL	32301			
The street address changed will	ess of its registered office and the s be identical.	treet address of the bus	siness office of	its regist	tered a	agent,
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has bec	opted by its board of d	irectors or by a f the change.	ın officer	80	
/s/ Robin Kennedy		Robin Kennedy	Chief	f Commer	rcial C	Officer
Signature of an officer or director			d or typed name and			
corporation nas	the appointment as registered ages to comply with the provisions of all I am familiar with and accept the ing filed merely to reflect a change been notified in writing of this chan Service Company	nt and agree to act in t l statutes relative to the e obligation of my posi in the registered office ange.	his capacity. Proper and co tion as registe Paddress, I her	omplete p red agent reby confi	verfori V. Or Virm th	mance if this at the
Ву: Ди	nature of Registered Agent	07/05/2024	Date			
	half of an entity:		Date			
	Asst. Vice President					
	yped or Printed Name					
	* * * FILING	G 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)