RAMONDI

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE AUG 19 2025				

Office Use Only



700454996327

RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 08/18/25 Order #: 4297395-54

Re: KANSAS JET CENTER, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0- FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt 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 LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: KANSAS JET C	CENTER, LL	.C	
2. (a)	701 WATEREORD WAY SHITE 490	(b) 701 WATERFORD WAY SUITE 490		
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(")_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI, FL 33126		MIAMI, FL 33126	
	04/08/2016	 L1	6000070248	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Registered Agent and Registered Office shown on the records of Clementi, Chris			
	Registered Office Address (SIUST BE FLORIDA STREET) 701 NW 62nd Ave Suite 490	M25 Ki		
	MIAMI	33126 L		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	1875 M. 18 77.12: 56		
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee, FI	32301 L		
chang agent was/w the ari	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members aticles of organization or the operating agreement of the CHRISTOPHER FURLAN	e registered (ability comp of the limite limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
	ature of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ob to me	chy accept the appointment as registered agent and agisions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing, of this change.	ree to act in performanced for in Cha hereby conf	this capacity. I further agree to comply with the	
	mee CKUDI GRACE E. KIRBY, ASST. VI	ICE PRESII	DENT	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 COA-441334 FILING FEE: \$25.00