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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE SOUTHERN AIRCRAFT MANAGEMENT SERVICES, LLC

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K. SALY

APR - 6 2022

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.

l. Nai	me of the limited liability company:	AIRCI	RAFT MA	ANAGEMENT SERVICES, LLC	
2. (a) _	Principal office address of limited liability company:	_	(b)	Mailing address of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>)			(<u>Note: MAY BE POST OFFICE BOX</u>)	
	7901 4th St N STE 300		P O Box 309		
	St. Petersburg FL 33702	Shellman GA 39886			
	10/30/17		L170	000224904	
3.	Date of filing/registration in Florida	4.		Document number	
(a)	LATT ARMEDA				
. ,/	Registered Agent and Registered Office shown on the records of	State.			
	19500 ARMEDA ROAD				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	<u>SS)</u>	. (2) (2) (3) (4) (4)	
	ALVA , FI	20	TELL STATES		
(b)	Northwest Registered Agent I	LC			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	-	
	7901 4th St N				
	NEW Registered Office Address:	•			
	STE 300				
	St. Petersburg	3370	02		
he cha igent v was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of class of organization of the operating agreement of the	the re ability of the l limite	gistered of company, imited liab	it is hereby confirmed that the change(s) if its company or as otherwise provided in company.	
Signal	ture of a mental or authorized representative of a member		iorgan i	Printed or typed name of signee	
	_	ean ta	act in this i	canacity. I further agree to comply with the	

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been no rified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent