## M1900000353S

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2023 MAY -9 PH 2:58 2023 MAY -9 AMII: 3
SECRETARY OF STATE
TALLAHAS SEEL FLORING

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 725267

AUTHORIZATION : Copiel de ma

COST LIMIT : (\$ \25'.00

ORDER DATE: May 8, 2023

ORDER TIME : 8:20 AM

ORDER NO. : 725267-007

CUSTOMER NO: 8411177

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: LONGVIEW AVIATION USA LIMITED,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

## 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.	Na	me of the limited liability company: LONGVIEW AVI	ATION	US —	SA LIMITED,	LLC
2	(a)	123 Garratt Blvd	(b) 123 Garratt Blvd			
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	٠,	Mai	ling address of limited liability company: Note: MAY BE POST OFFICE BOX
		Toronto, Ontario M3K 1Y5 CA	_	-	Toronto, Ont	ario M3K 1Y5 CA
		04/08/2019	_		M190000035	38
3.		Date of filing/registration in Florida	4.	_	Do	ocument number
5.	(a)	Registered Agent and Registered Office shown on the records of the C-T CORPORATION SYSTEM  Registered Office Address (MUST BE FLORIDA STREET A.			Dept. of State:	
		1200 SOUTH PINE ISLAND ROAD		_		
		PLANTATION FL	33324			202 12.12
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company  NEW Registered Office Address:	Office ad	ldr	<u>'ess</u> :	MAY-9 PH 2:5
		1201 Hays Street				57
			32301			9
cha age wa:	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere pility co the lim	ed om nite	office and th pany, it is he ed liability co	reby confirmed that the change(s) company or as otherwise provided in
		Stephanie Fazzari	Ste	ph		, Authorized Person
I h pro the to r not	erel visio obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	erforme for in C ereby co	an Th on,	this capacit ice of my duti apter 605, F. firm that the	inted or typed name of signee  y. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been  lice President
Sig	natui	e of Registered Agent				