12100001726

(Re	equestor's Name)	
(Ar	ddress)	
(//	Adi C 33 /	
(Address)		
		_
(CI	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
,	,	
Certified Copies Certificates of Status		
		- -
Special Instructions to Fili	ng Officer:	i
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Office Use Only



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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	ame of the limited liability company: TRINITY AIR M	MEDICAL, LLC	
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	1437 W AUTO DRIVE	143	37 W AUTO DRIVE
	TEMPE, AZ 85284	TEI	MPE, AZ 85284
	12/14/2021	M21	000017265
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the records o	of the Florida Dept.	of State:
	C T CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	1200 SOUTH PINE ISLAND ROAD		>
	PLANTATION . F	33324	2024 JAN 25
			7
(b)	Enter name of NEW Registered Agent and/or NEW Registere		S7 %
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:	
	Corporation Service Company		20 JAN 25 AM 10: 20
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee . F	32301	
change agent v was/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered off lability compan of the limited I	ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in
	, , ,		mkiel, President of Blade Urban Air Mobility, Inc., Member
	/s/ Melissa Tomkiel ture of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. If in writing of this change.	e performance of ed for in Chapte hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been KIRBY, ASST, VICE PRESIDENT
Signatur	Drace C-Kuble	GIGIOL L	
ាខ្លាងមើ	re of Registered Agent		