N20000001824

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)	
(City/State/Zip/Phone #) PICK-UP	(Address)	000356804530
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COVER LETTER

TO:

Amendment Section Division of Corporations

ELDINO DOD EL IONES DIO				
SUBJECT: FUNDS FOR FLIGHTS, INC. Name of Corporation				
DOCUMENT NUMBER: N20000001824				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
Funds For Flights, Inc.				
Firm/Company				
659 Antigua Street, NE				
Address				
Palm Bay, FL 32907				
City/State and Zip Code				
admin@fundsforflights.org				
E-mail address: (to be used for future annual	report notification)			
For further information concerning this matter, p	lease call:			
Christopher William Cleasby	at (321)749-4256 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	Department of State.			
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2B045 (04/13)

Tallahassee, FL 32314

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

	-	0502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of Florida	this
		ristered agent, or both, in the State of Florida.	
1. The name of	the corporation: FUNDS FOR FLIGHT	rs, Inc.	_
2. The principal	office address: 659 Antigua Street, NE	Palm Bay, FL 32907	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: February 19, 20	20 Document number: N20000001824	
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)	
	United States Corporation Agents, Inc.		
	5575 S. Semoran Blvd. Suite 36 Orlan	do, FL 32822	7
6. The name and (if changed):	d street address of the new registered a	ngent (if changed) and /or registered office	20 FT 6:2
	Christopher William Cleasby		F: 2
	659 Antigua Street, NE Palm Bay, FL	32907	
	P.O.	Box NOT acceptable	
~		eet address of the business office of its registe	
	ne board, or the corporation has been		
	pe of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the o ng filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete pe obligation of my position as registered agent. I the registered office address, I hereby confir ge.	erformance Or, if this m that the
Chotzle W.	Clada	12/21/2020	
If signing on be	half of an entity:	Date	
Christopher Will	•		
	yped or Printed Name		

* * * FILING 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)