P10000038964

| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nam | e) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |





900342489079

05/04/20--01014--008 **35.00





Nathan G. Steele, Attorney at Law Lamsed in Oregon, and Washington

Kari E. Flathorn, Attorney at Law I winsel in Organ

Cindy Tisher, J.D. Kristina Yoder Pamlegals Misty Wells

Tegal Assistant

April 30, 2020

Via First Class Mail

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Change of Registered Agent

Dear Sir or Madam:

Enclosed please find a Change of Registered Agent form for Infinity Air Florida, Inc., with the applicable filing fee.

Please contact me with any questions or concerns regarding the enclosed forms.

Sincerely,

Kristina Yoder

Kristina Yoder Assistant to Nathan G. Steele krisitna@steelefirm.com

Enclosure

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------------|--|---|
| SUBJ Name | ECT: Infinity Air Florida, Inc. of Corporation | |
| DOCU | JMENT NUMBER: P10000038964 | |
| The en | iclosed Statement of Change of Registere | ed Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning thi | is matter to the following: |
| Jimmy | Wu | |
| - | of Contact Person | |
| Intinity | Air Florida, Inc. | |
| Firm/C | onipany | |
| 18321 | Ventora Blvd., Sie. 400 | |
| Addres | SS | |
| Tarzan | a, CA 91356 | |
| City/St | ate and Zip Code | |
| | jimmyw@infiniryair.com | |
| E-mail | address: (to be used for future annua | l report notification) |
| For fur | ther information concerning this matter. | please call: |
| Jimmy | | at (253) 437-0582 Area Code & Daytime Telephone Number |
| | Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclose | ed is a \$35,00 check made payable to the | Department of State. |
| | Mailing Address: Amendment Section | Street Address: Amendment Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | | 2772 Co. Promoe Office, Build 010 |

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. | |
|--|----------------------------|
| The name of the corporation: Infinity Air Florida, Inc. | |
| 2. The principal office address: 8100 NW 21 Street, Doral, FL 33122 | |
| 3. The mailing address (if different): 18321 Ventura Blvd., Ste. 400, Tarzana CA 91356 | |
| 4. Date of incorporation/qualification: 05/05/2010 Document number: P10000038964 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) | |
| CT Corporation System | 2 |
| 1200 South Pine Island Road | 2820 HAY -4 |
| Plantation, FL 33324 | AY - |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Jimmy Wu | PM 4: |
| 8J00 NW 21 Street | 53 |
| P.O. Box NOT acceptable | |
| Dotal, 74, 33122 | |
| The street address of its registered office and the street address of the business of fice of its registered as changed will be identical. | igent, |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change. | |
| Jimmy Wu, CEO | |
| Signature of an officer or director Printed or typed name and title | _ |
| herehy accept the appointment as registered agent and agree to act in this capacity. Jurther agree to comply with the provisions of all statutes relative to the proper and complete perform of my duties, and I am jamiliar with and accept the obligation of my position as registered agent. Or locument is being filed merely to reflect a change in the registered office address. I hereby confirm the orporation has been notified in writing of this change. | nance if this at the |
| 4.28-2020 | |
| f signing on behalf of an entity: | |
| • | |
| Typed or Printed Name | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (04/13)