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(((H22000414178 3)))

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

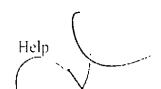
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE PAM AIR-FLORIDA, INC.

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## COVER LETTER

TO: Amendment Section Division of Corporations

PAM AIR-FLORIDA, INC.
Name of Corporation
POCUMENT NUMBER: P12000009829

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:

## Vanessa Castillo

Tarrooda Gadiino			
Name of Contact Person			
Registered Agent Solutions, Inc.		<b>~</b> 3	
Firm/Company		2022	
Corporate Center One, 5301 Southwest Pkwy, Ste 400		DEC	- <del></del> -
Address			
Austin, Texas 78735	- '	φ	172
City/State and Zip Code		<u> </u>	 ا ا
		œ œ	
E-mail address: (to be used for future annual report notification)	<del></del>	ယ	_

For further information concerning this matter, please call:

Vanessa Castillo

Name of Contact Person

at (888) 705-7274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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H220004141783

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpora or to change its registered offic	ition organize	d under the la	ws of the State o	<u>/ Florida</u>		
			_		і Гюнай,		
	the corporation: PAM AIF			•			-
	office address: 6908 Chi		errace				-
	n Beach, FL 33437		D	NIV 44	1501	····	-
	address (if different): PO B					1820	_
	poration/qualification: 1/27					1023	_
	I street address of the current r tment of State: (If resigned, er		nt and register	ed office on file	with the		
	Blumbergexcelsi	or Corp	orate Se	ervices, In	<u>c.</u>		
	155 Office Plaza Drive		1st F	Ĺ			
	Tallahassee		FL	32301	<del>*************************************</del>	2022 DEC	
5. The name and (if changed):	1 street address of the new regi	-			office	-8 AM	
	155 Office Plaz		Suite A	4	<u> </u>	8: 3	
	Tallahassee	P.O. Box N	OT acceptable 3230	01			
The street address changed will	ess of its registered office and be identical.	the street ad	dress of the b	usiness office of	`its register	ed agent	t.
Such change wanthorized by the	as authorized by resolution du ne board, or the corporation h	aly adopted by as been notifi	y its board of ied in writing	directors or by a of the change.	in officer so	)	
s/ JAMIE A	GOVINO	J	AMIE AG		Authoria	zed Pe	rson
l hereby accept l further agree of of my duties, an locument is bei	re of an officer or director the appointment as registered to comply with the provisions and I am familiar with and acco- ing filed merely to reflect a che is been notified in writing of the	of all statute pt the obliga ange in the r	igree to act in s relative to t	he proper and co	omplete per	formand Or, if the that th	ce is ee
Macken	zidt		12/7/202	2			
	nature of Registered Agent	<del></del> -	12///202	Date			
f signing on be	half of an entity:						
Mackenzie Hart,	Assistant Secretary						
T	yped or Printed Name	<del></del>					
	*** F	ILING 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)