| (Re                     | equestor's Name)   | · <del></del> |
|-------------------------|--------------------|---------------|
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| (Ac                     | idress)            | . –           |
|                         | ldress)            | <u> </u>      |
| (AC                     | iuiess)            |               |
| (Ci                     | ty/State/Zip/Phone | e #)          |
|                         |                    |               |
| PICK-UP                 | ☐ WAIT             | MAIL          |
|                         |                    |               |
| (Bı                     | usiness Entity Nar | ne)           |
|                         |                    |               |
| (Do                     | ocument Number)    |               |
| Certified Copies        | Certificates       | s of Status   |
|                         | _                  | <del></del>   |
| Special Instructions to | Filing Officer     |               |
|                         |                    |               |
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|                         | Office Use On      | ily           |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: AirX Aviation, Inc.

Name of Corporation

DOCUMENT NUMBER: P16000064665

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:

Jose M. Valencia

Name of Contact Person

AirX Aviation, Inc.

Firm/Company

5525 NW 15th Avenue, Suite 202

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

finance.usa@airx.aero

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose M. Valencia at (954 ) 271-4423

Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of cha                    | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida are to change its registered office or registered agent, or both, in the State of Florida.  |
|-------------------------------------|---|
| 1. The name of                      | the corporation: AirX Aviation, Inc.  |
| 2. The principal                    | office address: 5525 NW 15th Avenue. Suite 202 derdale, Florida 33309   |
|                                     | address (if different): Same as Above   |
| 4. Date of incor                    | poration/qualification: 08/05/2016 Document number: P16000064665  |
|                                     | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)  |
|                                     | Corporate Creations International   |
|                                     | 11380 Prosperity Farm Road # 221W   |
|                                     | Palm Beach Gardens, Florida 33410   |
| 6. The name and (if changed):       | I street address of the new registered agent (if changed) and /or registered office   |
|                                     | Darren Banham   |
|                                     | 5525 NW 15th Avenue. Suite 202  |
|                                     | Fort Lauderdale, Florida 33309  |
| The street address changed will     | ess of its registered office and the street address of the business office of its registered agent, be identical.   |
| Such change wa<br>authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.   |
| Signatu                             | re of an officer or director  Darren Bankon Printed or typed name and title   |
| I further narge                     | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
|                                     | 05/23/2017  |
| -                                   | nature of registered Agent Pate   |
| If signing on be                    | half of an entity:  |
|                                     | yped 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 \* \* \*

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