P18 0000 86662

(Requestor's Name)				
(requestors traine)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300343409323

04/22/20--01001--026 **55.00

20 APR 22 PH 4: 29



COVER LETTER

COV	VER LETTER	
TO:	Amendment Section Division of Corporations	20 A. 20
SUBJI	JECT: Khronos Flight Center Inc	3 M
Name	e of Corporation	م رحي
DOCU	UMENT NUMBER: P18000086662	, ,
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
Minual	el e.Barra	
-	e of Contact Person	
Firm/C	Company	
5927 T	Tivoli Gardens Blvd	
Addres	ess	
Orland	do, FL 32829	
City/S	State and Zip Code	
	m.e.barra@kronosflightcenter.com	
E-mai	uil address: (to be used for future annual report notification)	
For fu	urther information concerning this matter, please call:	
Miguel	el E Barra at (⁴⁰⁷) ⁴⁹²⁹⁷²⁵	
	Name of Contact Person Area Code & Daytime Telephone Number	-
Enclos	osed 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

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation o	2.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida rgistered agent, or both, in the State of Florida.		
1. The name of t	the corporation: Khronos Flight Center	er Inc		
2. The principal	office address: 4250 execuair Street, 6	Orlando FL 32827		
3. The mailing a	address (if different): 5927 Tivoli Gar	dens Blvd, Orlando FL 32829		
		Document number: P18000086662		
	I street address of the current register timent of State: (If resigned, enter re-	red agent and registered office on file with the signed)		
	Jose Gregorio Rodriguez			
5927 Tivoli Gardens Blvd				
	Orlando Fl. 32829	20 M		
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office		
	Gina Salebe Madero			
-4250 Execusir Street, Hangar 460				
P.O. Box NOT acceptable				
	Orlando, FL 32827			
		reet address of the business office of its registered agent.		
Such change wa authorized by af	as authorized by resolution duly add the board or the corporation has bee	opted by its board of directors or by an officer so n notified in writing of the change.		
11/100	regol an priver or director	Miguel E Barra, President Printed or typed name and title		
I kereby accept I further agree t of my duties, an document is beit	the annointment as registered ages	it and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the inge.		
	MX MI	April 18th 2020		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			

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

MAKE CHECKS DAVADLE TO BLODIDA DEDADTMENT OF STATE

Typed or Printed Name