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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

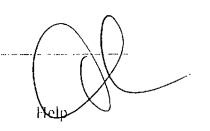
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REGISTERED AGENT CHANGE AVIATION SAFETY RESOURCES, INC.

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of <mark>Florida</mark> gistered agent, or both, in the State of Florida.				
1. The name of	the corporation: Aviation Safety R	Resources Inc.				
2. The principa	l office address: 7901 4th St N STE					
	address (if different):					
-		Document number: P1800009996	 54			
5. The name an		ed agent and registered office on file with the				
	WILLIAMS, LARRY Edwa	ard	20			
	21929 PANAMA CITY BE	EACH PKWY SUITE 4	2023 MAR 16			
	PANAMA CITY BEACH,	FL 32413	R 16			
6. The name an (if changed):		ngent (if changed) and for registered office -	AN 10: 25			
	Registered Agents Inc		25			
	7901 4th St N STE 300					
	P.O. Box NO Facceptable St. Petersburg FL 33702					
The street addr as changed wil	ess of its registered office and the stroll be identical.	eet address of the business office of its registe	ered agent,			
Such change wanthorized by t	as authorized by resolution duly ador he board, or the corporation has been	nted by its board of directors or by an officer notified in writing of the change.	so			
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Walk 13	Allan Davis				
hereby accept further agree of my duties, a locument is be	tre of an officer or director t the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	Printed or typed name and title and agree to act in this capacity, tauttes relative to the proper and complete polity ability attom of my position as registered agent, the registered office address, I hereby confi- ige.	erformance Or, if this rm that the			
Darpalos		03/16/2023				
Sig	gnature of Registered Agent	Date				
If signing on be	chalf of an entity:					
David Rob	· · · · · · · · · · · · · · · · · · ·					
1	yped or Printed Name	EUU. 635 00 * * *				
	**************************************	FEE: \$35.00 * * *				

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)