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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Ingram Air, Inc Name of Corporation			
Name of Corporation			
DOCUMENT NUMBER: P21000006979			
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matt			
John Ingram	· · · · · · · · · · · · · · · · · · ·		
Name of Contact Person			
Ingram Air, Inc			
Firm/Company			
4751 sw 26th terrace			
Address			
fort lauderdale fl 33312			
City/State and Zip Code			
Justin@INGRAMAIR.COM	art notification)		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
John Ingram	at (954) 756-0258 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa	artment of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 6327	2415 N. Monroe Street, Suite 810		
Tallahassec, FL 32314	Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of chang	covisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
	e corporation: Ingram Air, Inc
2. The principal o	ffice address: 4751 sw 26th terrace Fort Lauderdale Fl 33312
3. The mailing ad	dress (if different):
4. Date of incorpo	pration/qualification: 1/14/2021 Document number: P21000006979
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	225 E. ROBINSON STREETSUITE 570ORLANDO, FL 32801
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office:
	7900 Peters Rd, Suite B-200 Plantation FL, 33324
	street address of the new registered agent (if changed) and /or registered office SEP 28 SEP 2900 Peters Rd, Suite B-200 Plantation FL, 33324 SEP 28 SEP 29 PR 28
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by I	as authorized by resolution duly adopted by its board of directors or by an officer so the board, of the comporation has been notified in writing of the change.
	John Ingram, President
	the appointment as registered agent and agree to act in this capacity. In the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the speed to provide the proper and complete performance and the registered office address. I hereby confirm that the speed to provide the proper and the proper and the proper address.
Th	mature of Registered Agent Date
If signing on be	chalf of an entity:
Shak	god or Printed Name
	* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314