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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

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## REGISTERED AGENT CHANGE AVMAX AIRCRAFT U\$A, INC.

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

statement of cha	nge is submitted for a corporatio	517.0302, 607.1508, or 617.1508, Florida S n organized under the laws of the State of $rac{V}{V}$ r registered agent, or both, in the State of Fi	lorida
1. The name of t	he corporation: AVMAX AIRCR.	AFT USA, INC.	
2. The principal	office address: 14830 YOUNGE I	DRJACKSONVILLE, FL 32218	
3. The mailing a	ddress (if different):		
4. Date of incorp	coration/qualification: 03/11/2010	Document number: P21000019	9100
5. The name and		stered agent and registered office on file wit	
	MARK B. GOLDSTEIN, P.A.		
	2700 N. MILITARY TRI. STE 13	0	
	BOCA RATON, FL 33431		
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered offi	ice
	C T Corporation System		. છુ
	1200 South Pine Island Road		921 CT 22
	mi	P.O. Box NOT acceptable	
	Plantation, Florida 33324		```. <del>`</del>
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its	i içliğişiçred <b>ar</b> ent.
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer of the
Lane	se Bell	Denise Bell, Attorney in Fact	
	re of an officer or director	Printed or typed name and till	ic .
of my duties, and document is held corporation has	to compty with the provisions of d I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb change	plete performance lagent. Or, if this y confirm that the
L WX L	15/1/1/V	10/22/2021	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Kristin Bolden, As	sistant Secretary		
Ī	yped or Printed Name		

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