

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C I CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

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

Email Address: _____

**REGISTERED AGENT CHANGE
METREA AVIATION SERVICES, MX2 INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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Corporate Filing Menu

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MAR 14 2023
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2023 MAR 13 AM 8:39

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
MAR 13 2023

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Metrea Aviation Services, MX2 Inc.
2. The principal office address: 1019 39th Avenue, SE, Suite 120
Puyallup, WA 98374
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/12/1997 Document number: P97006105139
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change

Sandra Zwiack
Signature of an officer or director

Sandra Zwiack, Power of Attorney
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change

C T Corporation System

By:

Sandra Zwiack
Signature of Registered Agent

03/08/2023

Date

If signing on behalf of an entity:

SEAN L. EMERICK, ASSISTANT SECRETARY

Typed 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

CR2E045 (04/13)