| FEI Number: 20-8350238 | | | Certificate of Status Desired: Yes | |
|--|--|-----------------|------------------------------------|------------|
| Name and Address of Current Registered Agent: | | | Certificate of Status Desil | ed: Yes |
| SIMPSON, SCOTT 595 W GRANADA BLDG ORMOND BEACH, FL 32174 US | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | |
| SIGNATURE | SCOTT SIMPSON | | | 02/02/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | MGR | Title | AUTHORIZED REPRESENTATI | /E |
| Name | PHILLIPS, TIMOTHY W | Name | WEST, DIANA L | |
| Address | 3701 OLSON DRIVE | Address | 3701 OLSON DRIVE | |
| City-State-Zip: | DAYTONA BEACH FL 32124 | City-State-Zip: | DAYTONA BEACH FL 32124 | |
| Title | AUTHORIZED REPRESENTATIVE | | | |
| Name | HODGE, CHANDLER P | | | |
| Address | 3701 OLSON DRIVE | | | |
| City-State-Zip: | DAYTONA BEACH FL 32124 | | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANA WEST

AUTHORIZED REPRESENTATIVE 02/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: PS AVIATION, LLC

DOCUMENT# L07000011409

Current Principal Place of Business:

3701 OLSON DRIVE DAYTONA BEACH, FL 32124

Current Mailing Address:

3701 OLSON DRIVE DAYTONA BEACH. FL 32124

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 02, 2023 **Secretary of State** 9245918212CC

Date