

2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F14000003224

Entity Name: AZUL LINHAS AEREAS BRASILEIRAS S.A. INC.**Current Principal Place of Business:**526 SW 34 ST.,
BLDG 6
FORT LAUDERDALE, FL 33315**Current Mailing Address:**526 SW 34 ST.,
BLDG 6
FORT LAUDERDALE, FL 33315 US**FEI Number:** 98-1177774**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVERO, MANUEL L
1313 PONCE DE LEON BLVD STE 201
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	NEELEMEN, DAVID GARY
Address	AV MARCOS PENTEADO DE ULHOA ROD 9 ANDAR
City-State-Zip:	TAMBORE BARUERI SAO PAULO 06460-040

Title	CUSTOMER RELATIONS DIRECTOR
Name	WAGNER MALFITANI, ALEXANDRE
Address	526 SW 34TH STREET BUILDING 6
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	DIRECTOR OF FINANCIAL PLANNING
Name	GUARITA QUINTAS ALVES, RAFFAEL
Address	526 SW 34TH STREET BUILDING 6 FORT LAUDERDALE
City-State-Zip:	FL FL 33315

Title	FINANCE VP
Name	RODGERSON, JOHN PETER
Address	526 SW 34TH STREET BUILDING 6
City-State-Zip:	FORT LAUDERDALE FL 33315

Title	GENERAL COUNSEL
Name	PORTELLA, JOANNA CAMET
Address	526 SW 34TH STREET BUILDING 6
City-State-Zip:	FORT LAUDERDALE FL 33315

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID GARY NEELEMAN

PRESIDENT

07/25/2017

Electronic Signature of Signing Officer/Director Detail_____
Date