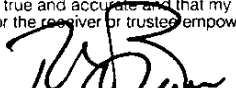


FILED
Apr 27, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # L02000011977				04-27-2007 90028 018 ****50.00	
1. Entity Name AIR PRIDE, LLC					
Principal Place of Business 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394		Mailing Address 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE, FL 33394			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 16-1607011	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARDIN, DAVID C 500 EAST BROWARD BOULEVARD, SUITE 1950 FT LAUDERDALE, FL 33394			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR Delete NAME BAUR, THOMAS STREET ADDRESS 5280 NW 21 AVENUE, HANGER 58 CITY-ST-ZIP FORT LAUDERDALE, FL 33309			TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE MGR Delete NAME BAUR, CINDY STREET ADDRESS 5280 NW 21 AVENUE, HANGER 58 CITY-ST-ZIP FORT LAUDERDALE, FL 33309			TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE:  THOMAS BAUR 4-25-07 954-772-4696					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					