## M0500000 2001

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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WESAN DECOMPORATION



ACCOUNT	NO.	:	072100000032	

REFERENCE : 127531 7530938

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 23, 2006

ORDER TIME : 12:51 PM

ORDER NO. : 127531-070

CUSTOMER NO: 7530938

## CHANGE OF AGENT

GARRETT AVIATION SERVICES, NAME:

L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited lia	bility company i	is: GARRE	TT AVIATION SERV	ICES, L.L.C.	,	
2. The mailing address of the	limited liability	company is				
1524 W. 14th St., Suite 110, Tempe	, AZ 85281					
04/18/2005			M05000002001			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the registered a Florida Department of State	igent and the reg	gistered offi	ce address as shov	wn on the records of	the	
1		Corporation S	ystem			
	•	Name				
	1200 S	South Pine Isla	nd Road	7006 TAL -		
		Address		2006 MAY SECRET TALLAH		
Plantation, FL 33324  City, State and Zip			HAS HAS	475-11-11-11-11-11-11-11-11-11-11-11-11-11		
	,	• /	•	26 SSE SSE		
6. The name and address of the	new registered	agent and/o	or office:		M	
Corporation Service Company  Name 1201 Hays Street						
Corporation Service Company Name						
		01 Hays Stree		_		
FIO	rida street addre	ess (P.O. Bo	x NOT acceptable	e)		
	Tallahassee	FL	32301			
	City,	, State and 2	Zip			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the operating agreement of the signature of a member or authorized resignature of a member or authorized resignature.	e or changes are egistered agent confirmed that t liability compar the imited liabil	made, the I will be iden he change(s by or as other ity company	Florida street addre tical. Or, in the ca ) was/were author erwise provided in	ess of the registered c ase of a Florida limite rized by an affirmativ	office ed ve vote	
		<b>J</b> '				
(Printed or typed name of signee)	12		_			
I hereby accept the appointme comply with the provisions of a sind I am familiar with and acceptage to 18 f. F.S. Or, if this diddress, I hereby confirm that	nt as registered ill statutes relati ept the obligatio ocument is bein the limited liabi	les		capacity. I further of e performance of my ed agent as provided nge in the registered d in writing of this ch	agree to duties, for in office aange.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00