M090000002964

| | (Req | uestor's Name) | |
|---------------------|---------|-----------------|-------------|
| | (Addi | ress) | |
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| · | - | /State/Zip/Phon | e #) |
| PICK-U | JΡ | ☐ WAIT | MAIL |
| , | (Busi | iness Entity Na | me) |
| | (Doc | ument Number |) |
| Certified Copies | | Certificate | s of Status |
| Special Instruction | ns to F | iling Officer: | |
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SECRETARY OF STATE

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ACCOUNT NO. : 12000000195

REFERENCE : 255473

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 26, 2012

ORDER TIME : 1:42 PM

ORDER NO. : 255473-012

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: ANT AVIATION FINANCE, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

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. Name of the limited liability company: AN | T AVIATIO | N FINANCE, L.L.C. | | | | |
|--|--|---|--|--|--|--|
| 2. (a) Principal office address of limited liabilit (Note: MUST BE STREET ADDRESS | ty company: S) | 848 Brickell Avenue, Suite 5 | 00, Miami FL 3313 | | | |
| (b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BOX) | Juliy. | 848 Brickell Avenue, Suite 5 | 00, Miami FL 3313 | | | |
| 07/31/2009 | | M09000002964 | : <u> </u> | | | |
| 3. Date of filing/registration in Florida | 4 | . Document number | | | | |
| 5. (a) Registered Agent and Registered Office | shown on th | e records of the Florida Dept. | - (12) No 1 | | | |
| Registered Agent: | - | CT Corporation System | | | | |
| Registered Office Address: | - | 1200 S. Pine Island Road Plantation FL 33324 | | | | |
| | - | | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> a <u>NEW Registered Agent</u> : | - | Registered Office address: Corporation Service Company | , | | | |
| | - | | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | | 1201 Hays Street | | | | |
| | | Tallahassee | ,FL_32301 | | | |
| If the limited liability company is not organized that after the change or changes are made, the Fl office of the registered agent will be identical. (hereby confirmed that the change(s) was/were a liability company or as otherwise provided in the limited liability company. | lorida street Or, in the cas outhorized by he articles of | address of the registered offic se of a Florida limited liability an affirmative vote of the me | e and the business company, it is mbers of the limite | | | |
| (Signature of a member or authorized representative of a member | er) | | | | | |
| Maureen Cathell, Authorized Person (Printed or typed name of signee) | | | | | | |
| I hereby accept the appointment as registered a comply with the provisions of all statutes relative am familiar with and accept the obligations of n F.S. Or, if this document is being filed to merely confirm that the limited liability company has be | agent and ag ve to the prop ny position a ly reflect a ck een notified i | ree to act in this capacity. I fi per and complete performance is registered agent as provide nange in the registered office o in writing of this change. | urther agree to e of my duties, and d for in Chapter 60 address, I hereby | | | |
| By: South With (Signature of Registered Agent) Corporation Service Co | gnt | | | | | |
| (Signature of Registered Agent) Corporation Service Co | ompany S | arah Wright, Asst. Vice Presid | lent | | | |

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

INHS18 (05/08)