that my name appears above, or on an attachment with all other like empowered. SIGNATURE: CRISTINA C LOPEZ PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

KALKAS, MARTTI J 245 SE 1ST STE 225 MIAMI, FL 33131 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	: MARTTI KALKAS			01/18/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED REPRESENTATIVE	Title	MGR	
Name	KALKAS, MARTTI J	Name	LOPEZ, CRISTINA C	
Address	245 SE 1ST ST STE 225	Address	245 SE 1ST SUITE 316	
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131	

Entity Name: SKY MEDICAL AIR L.L.C.

Current Principal Place of Business:

245 SE 1ST SUITE 316 MIAMI, FL 33131

Current Mailing Address:

DOCUMENT# L11000108714

245 SE 1ST SUITE 316 MIAMI, FL 33131 US

FEI Number: 45-3419672

Certificate of Status Desired: Yes

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

01/18/2017 Date