## B09000000178

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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C. LEWIS

JUL -2 2012

EXAMINER



CORPORATION SERVICE COMPANY



ACCOUNT NO. : I2000000195

REFERENCE : 255473 7736440

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 26, 2012

ORDER TIME : 1:53 PM

ORDER NO. : 255473-075

CUSTOMER NO: 7736440

## CHANGE OF AGENT

NAME:

SCIENS AVIATION SPECIAL

OPPORTUNITIES INVESTMENT FUND,

L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

		UNITIES INVESTMENT FUI	ND, L.P.
	ance of Emilied I artificially of En.	•	
2. 12/01/2009  Date of filing/registration in Florida		3. B0900000178  Florida document_number	
Date of fini	ng/registration in riorida	Piorida document	number
4. The name of the Department of State		office address as shown on the reco	rds of the Florida
	CT Corporation System		
	Nai	ne	
	1200 S. Pine Island Road		
	Add	ress	
	Plantation FL 33324		<i>□</i> ••
	City, State	e and Zip	2 Z
5. The name and Fl	orida street address of the new reg	istered agent and/or office:	JUN 287 AM 9: 43 RETARY OF STATE AHASSEE, FLORID
	Corporation Service Com	pany	SER C
Name		me	
	1201 Hays Street		9: 1
	Florida street address (P	.O. Box not acceptable)	
	Tallahassee	FL 32301	
	City, State	e and Zip	
6. Such change(s) i	s/are effective when filed by the F	lorida Department of State.	
VI	ALL RIVE		
Signature of Genera	1 Partner	u	
		llo Aviation Services Limited, LLC,	, General Partner
I hereby accept the	appointment as registered agent at	nd agree to act in this capacity. I fu	rther agree to
comply with the pro	visions of all statutes relative to th with an accept the obligations of my	e proper and complete performance	of my duties,
ana ram jamiliar w Corporation	nin an accept the bongations of my a Service Company	position as registered agent.	
By: Suur	- Willy nto		
Signature of Registe	ered Agent Sarah Wright, Asst	. Vice President	
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50