C T CORPORATION SYSTE Requestor's Name 660 East Jefferson Str Address Tallahassee, Florida City State Zip  CORPORA	OOO O	35 SECTION OF THE OWN OWN OF THE OWN OWN OWN
		Ch Zueco 2400002612034-
PIRCR	AFT 23822 (INC	
() Profit () NonProfit () Limited Liebility Compa () Foreign () Limited Partnership () Reinstatement	() Dissolution/Withdray	() Merger  val () Mark  () WC FING  () Other  Change of R.A.
() Certified Copy	() Photo Copies	() Fictitious Name () CUS/ G/S
() Call When Ready ■ Walk In () Mail Out	() Call if Problem () Will Wait	() After 4:30 Pick Up
Name Availability Document Examiner Updater Verifier Acknowledgment W.P. Verifier  CR2E031 (1-89)	8/10	PLEASE RETURN EXTRA COPY(S) FILE STAMPED Please call Jeff Bitterfield f any problems/quantums@  THANKS!

## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607 Florida Statutes, the undersigned corporat <a href="Delaware">Delaware</a> submits the following state or registered agent, or both, in the State or	ion organized under the la tement in order to change	ws of the	State of
_			
1a. The name of the corporation is: Aircr	arc 23322, Inc.		
1b. Date of incorporation June 16, 1998	Document nu	ımber <u>F980</u>	00003591
2. The name and address of the current r	registered agent and office	E ALSE	g R
Cauff, Lippman Aviation, Inc.			<u>&gt;</u>
9420 S.W. 77th Avenue, Miami, FL 331	56		<u> </u>
3. The name and address of the new region (P.O. Box Not Acceptable)	istered agent and office:	. E. ' = 1	
		D# 0	<u> </u>
c/o C T CORPORATION SYSTEM, 1200 Sout			
The street address of its registered agent of its registered agent as changed will be Such change was authorized by resolution an officer so authorized by the board.	identical.		
Mulm lalb	Martin Kalb, Sec		
29 SIGNATURE	(Type or printed nar	me and title	e)
DATE		_	
HAVING BEEN NAMED AS REGISTERED PROCESS FOR THE ABOVE STATED COIN THIS CERTIFICATE, I HEREBY ACCEINGENT AND AGREE TO ACT IN THIS CAWITH THE PROVISIONS OF ALL STATUPLETE PERFORMANCE OF MY DUTIES, THE OBLIGATION OF MY POSITION AS	ORPORATION AT THE PL PT THE APPOINTMENT A APACITY. L <del>PUR</del> THER AG TES RELATIVE TO THE F AND I AM FAMILIAR WIT	ACE DESI AS REGIST REE TO C PROPER AI H AND AC	IGNATED ERED OMPLY ND COM-
SIGNATU			PETER F. SOU7
DATE	(Registere	d Agent)	ASSISTANT SECRETA-
Division of Cornerations P.O.	Box 6327 Tallahas	see. FL :	32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)