Division of Corporations

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Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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Prom:

Account Name : SHEFFIELD & BOATRIGHT, P.A.

Account Number : 120030000000 Phone

(904) 733-7906

Fax Number

: (904)733-5226



REGISTERED AGENT CHANGE

AIR INVEST, LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT <u>OR BOTH FOR LIMITED LIABILITY COMPANY</u>

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, in the State of Florida.

- 1. The Name of the Limited Liability Company is: AIR INVEST, LLC
- 2. The mailing address of the limited liability company is: 5175 BLANDING BLVD., JACKSONVILLE, FLORIDA 32210
- 3. Date of Filing/Registration in Florida: 11/28/2001
- 4. Document Number: L01000020757
- 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
 - J. HOWARD SHEFFIELD, P.A., 4209 Baymeadows Rd., Stc. 4, Jacksonville, FL. 32217
- б. The name and address of the new registered agent and/or office:

SHEFFIELD & BOATRIGHT, P.A., 6101 Gazebo Park Pl. N., Ste. 103, Jacksonville, Florida 32257

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company

Title: Manager

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all sidutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. Or, lf this document is being field to inerely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Print Name: \ Registered Agei

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