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| (Re | equestor's Name) | | |
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| August | 14. | 2003 |
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CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

| Skies International, L.L.C. | | | | |
|--|------------|--|-------------|--|
| | | | 7AB 83 | |
| Filing Evidence Plain/Confirmation | | Type of Docume □ Certificate of Sta | <u> </u> | |
| ☐ Certified Copy | | □ Certificate of Go | Farm Market | |
| | | □ Articles Only | | |
| Retrieval Reque Photocopy Certified Copy | <u>est</u> | ☐ All Charter Docu Articles & Amen ☐ Fictitious Name (☐) | dments | |
| NEW FILINGS | | AMENDMENTS | | |
| Profit | | Amendment | | |
| Non Profit | | Resignation of RA Officer/Director | | |
| Limited Liability | X | Change of Registered Agent | | |
| Domestication | 5.4 | Dissolution/Withdrawal | | |
| Other | | Merger | | |
| | | | | |
| OTHER FILINGS | | REGISTRATION/QUALIFICATION | | |
| Annual Reports | | Foreign | | |
| Fictitious Name | | Limited Liability | | |
| Name Reservation | | Reinstatement | | |
| Reinstatement | · · - | Trademark | | |
| □ Photocopy □ Certified Copy NEW FILINGS Profit Non Profit Limited Liability Domestication Other OTHER FILINGS Annual Reports Fictitious Name Name Reservation | X | Articles & Amen Fictitious Name (Other AMENDMENTS Amendment Resignation of RA Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Liability Reinstatement | dments | |

Other

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. The name of the limited liability company is | SKIES INTERNATIONAL, L.L.C. |
|--|--|
| 2. The mailing address of the limited liability of | |
| | Miami, FL 33169 |
| May 24, 2002 | L02000013259 |
| 3. Date of filing/registration in Florida | 4. Document number |
| Florida Department of State: | istered office address as shown on the records of the |
| LESLIE ALAN RO | |
| One S.E. Third Av | Name renue, Suite 960 |
| Miami, FL 33131 | Address |
| City | , State and Zip |
| 6. The name and address of the new registered a | agent and/or office: |
| ATRIUM REGISTI | ERED AGENTS, INC. |
| 1500 San Remo A | Name venue, Suite 125 |
| Florida street addres | ss (P.O. Box NOT acceptable) |
| Miami | FL 33146 |
| City, | State and Zip |
| confirmed that after the change or changes are read the business office of the registered agent we liability company, it is hereby confirmed that the members of the limited liability company or the operating agreement of the limited liability of the liability | |
| (Signature of a member or authorized representative of a memb | per) |
| ABRAHAM GILINSÉI | |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability | igent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, his of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change. |
| (Signature of Registered Agent) Dennis Ginsburg | , VP of Atrium Registered Agents, Inc |

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