

U02000019724

Marc Lurie

(Requestor's Name)

Sky Venture Orlando, LLC

P.O. Box 82495

(Address)

Austin, TX 78708

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

U02-19724
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**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 SkyVenture Orlando, LLC
2 The mailing address of the limited liability company is P.O. Box 82495, Austin, TX 78708

08/05/2002

L02000019724

3 Date of filing registration in Florida

4 Document number

- 5 The name of the registered agent and the registered office address as shown on the records of the Florida Department of State

Alan Metri

Name

7751 Kingspointe Parkway, Suite 126

Address

Orlando, FL 32819

City, State and Zip

- 6 The name and address of the new registered agent and or office.

Marc Lurie

Name

6805 Visitors Circle

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FL 32819

City, State and Zip

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.

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(Signature of a member or authorized representative of a member)

Marc Lurie, Manager

(Printed or typed name of signer)

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 statutes 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314