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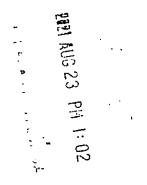
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Odsiless Emity Haine)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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COVER LETTER

Division of Corporations				
ORLANDO JET CENTER, LLC				
	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	τ to the following:			
Damaso W. Saavedra				
Name of Person				
Saavedra-Goodwin				
Firm/Company				
888 S.E 3rd Avenue, Suite 500				
Address				
Fort Lauderdale, Florida 33316				
City/State and Zip Code				
dpazo@saavlaw.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
Deanna Pazo Sat (767-6333			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amoun	nt:			
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

I. Na	me of the limited liability company: ORLANDO JET	CENTE	R, LLC				
2. (a)			(b)				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing addres	s of limited	liability company: OFFICE BOX)	
	4860 NE 12TH AVE.		4860 NE	E 12TH AVE.			
	FORT LAUDERDALE, FL 33334	_	FORT LAUDERDALE, FL 33334				
	09/17/2002		L0200002	4218			
3.	Date of filing/registration in Florida	— 4.		Document r	number		
5. (a)	Saavedra, Damaso W, Esq.						
i. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of S	tate:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>55)</u>	_			
	312 S.E. 17th Street Second Floor						
	Fort Lauderdale, FI	33316				्य <u>्</u>	
,,,					•	 1 091 Aug 23	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				•		
	Saavedra, Damaso W, Esq.					PH	
	NEW Registered Office Address:				. •	: 02	
	888 S.E 3rd Avenue, Suite 500					2	
	Fort Lauderdale, FI	33316					
change agent v was/ww he affi Signa I herei provisi he obl o mer notified	imited liability company is not organized under the late or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of dimember or authorized representative of a member by accept the appointment as registered agent and aging on of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is now itting of this change.	ws of the register ability of the limited	red office a company, it mited liabi liability co	and the busine t is hereby con lity company company. Printed or type	ss office of a firmed that or as other the control of the control	of the registered at the change(s) wise provided in	

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