503248902158 02/2003-90121-025-\$59.00-\$50.00 ТОСИМЕНТ # **L02000026207** FILED 1. Entity Name 2003 DEC 15 PM 12: 42 CHATHAM AIR, LLC DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2480 PGA BOULEVARD, SUITE 172 2460 PGA BOULEVARD, SUITE 172 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State A FEI Number 90-0081790 Gardins. Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PLOUCHA, L'M'ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ATKINSON, DINER, ET AL 1946 TYLER STREET HOLLYWOOD FL 33020 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent algreture regulard when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. RMINE C.GIARDINI TITLE Change Addition TITLE Delete NAME NAME **CR2E083** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIZ ■ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change --- ☐ Addition TITLE me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CARMINE

SIGNAT

8/29/03

1561)627-3855