Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (800)494-3124 Fax Number : (305)675-2811

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REGISTERED AGENT CHANGE

SKYMEET LLC

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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: SKYMEET LLU			
2. The mailing address of the limited liability company is:			
20801 BISCAYNE BOULEVARD # 403, AVENTURA FL 33180			
10/25/2002		L02000028500	
3. Date of filing/registrati	ion in Florida	4. Document number	
0 0			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:			
r solida population de s	A1A REGISTERED AGE	NT, INC.	
	Name		
	92 SADBERRY ROAD Address		
	QUINCY FL 32351-0000		
	City, State and Z	ар	
6. The name and address of the new registered agent and/or office:			
	JOSE ARANA		
	20801 BISCAYNE BOULEV	ARD # 403	
	Florida street address (P.O. Box	the state of the s	
	AVENTURA FT. 331	80	
	City, State and Zig		
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. JOSE ARANA Printed or typed name of signee			
comply with the provision and I am familiar with an Chapter 608, F.S. Or if address. I hereby confirm	is of all statutes relative to the production of my positive accument is being filed to mer that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my auties, it on as registered agent as provided for in ety reflect a change in the registered office has been notified in writing of this change.	
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