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(((H03000192693 7)))

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Division of Corporations

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From:

Account Name : BRINKLEY, MCNERNEY & MORGAN
Account Number : 076077003213 ____
Phone : (954)527-2200 : (954)522-9123-Fax Number

REGISTERED AGENT CHANGE

AVIATION INVESTMENT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
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5/13/2003

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FAX AUDIT NO. H03000192693 7

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

agent, or both, in the State of Florida. 1. The name of the limited liability company is:	Aviation Investment Holdings, LLC
2. The mailing address of the limited liability con	mpany is: 1721 SE 9th Street, Fort Lauderdale
Florida, 33316	
April 29, 2003	L03000015338
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registr Florida Department of State: William T. Coleman,	ered office address as shown on the records of the
200 East Las Olas E	Name Sivd., Sulte 1900
Fort Lauderdale, FL	Address 33301 State and Zip
6. The name and address of the new registered ag	em and/or office:
Tari Collins	
N 1721 SE Ninth Stree	Tame of
Florida street address	(P.O. Box NOT acceptable)
Fort Lauderdale	FL 33316
City, St.	ate and Zip
If the limited liability company is not organized to confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the other members of the limited hability company or as the operating agreement of the limited liability confirmed that the confirm	edc, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of a otherwise provided in the articles of organization or impany.

Tari Collins, Member

(Printed or typed name of signee)

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 at the first being flimite, ability company has been notified in writing of this change,

(Signature of Registered Agent)

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

JNHS18(10/99)

FILING FEE: \$25,00