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(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Adi	uicss)				
(Cit	y/State/Zip/Phone	e#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doi	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
	-				





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SECTION OF SIME

W-8781

Aviation Legal Group, P.A.

FORT LAUDERDALE EXECUTIVE AIRPORT (FXE)
5525 Northwest 15th Avenue, Suite 200 • Fort Lauderdale, FL 33309 USA
Telephone: 954-763-5565 • Fax: 954-763-8488
Website: aviationlegalgroup.com

Scott C. Burgess
Douglas J. Barnard*
Charles R. Morgenstein
Robert M. Palmer
*Ako admitted in the District of Columbia



November 29, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: International Jet Traders, LLC

Our File: 152-01

To Whom It May Concern:

Enclosed please find the original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, which has been completed to reflect the new address for the Registered Agent.

Please update your records immediately, as the fee for same has already been tendered. Please contact me immediately (954-763-5565) should you have any question with regard to this matter.

Kindest Regards,

AVIATION LEGAL GROUP, P.A.

Allison Sass, Paralegal allisons@aviationlegalgroup.com

enclosures

TRANSMITTAL LETTER

TO: Registration Solution of Co				
SUBJECT: Internation	onal Jet Traders, LLC			
	(Name of Limited Liability Company)			
	of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following:			
	Scott C. Burgess			
	(Name of Person)	_		
Aviati	ion Legal Group, P.A.			
	(Firm/Company)			
5525 N W	15th Avenue, Suite 200	SEC	04 DEC -3 PM 1: 12	
	(Address)	TASE		
Fo	rt Lauderdale, Florida 33309		<u></u>	
	(City/State and Zip Code)	FLOSI PLOSI	E	
For further information	concerning this matter, please call:	DA A	2	
Adriana Tejed	da at (954) 763-5565			
	(Name of Person) (Area Code & Daytime Teleph	one Number)	_	
Enclosed is a check for the	e following amount:			
2 \$25.00 Filing Fee	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	60.00 Filing Fee, ificate of Status & ified Copy itional copy is end		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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 limite	d liability company is: <u>Ir</u>	nternational Jet Traders,	LLC
2. The mailing address of			
,	ort Lauderdale, Florida	•	
2/02/2004		L0400000878	1
3. Date of filing/registration	on in Florida	4. Document nui	mber
5. The name of the registe Florida Department of		ed office address as shown uire	on the records of the
	N 1041 SE 17th Street, I	ame PH	
	Fort Lauderdale, Florid	dress da 33316 ite and Zip	-
6. The name and address of	of the new registered agen	t and/or office:	
	Scott C. Burgess, Esq	uire	
	Nar 5525 NW 15th Avenue	ne e, Suite 200	,
	Florida street address (P	O. Box NOT acceptable)	Dog -
	Fort Lauderdale, F	L 33309	SECULE TALLAH
	City, State	e and Zip	Florida it Kherehv.
confirmed that after the cl and the business office of liability company, it is her	nange or changes are made the registered agent will b reby confirmed that the char d liability company or as o	ter the laws of the State of le, the Florida street address to identical. Or, in the case ange(s) was/were authorize otherwise provided in the appany.	of the registered office of a Florida limited to be an affirmative vote of
(Signature of a member of author	ized representative of a member)		
Marcelo Abello	,		
(Printed or typed name of signee)			
	ntment as registered agen s of all statutes relative to d accept the obligations of his document is being file that the limited liability c	t and agree to act in this co the proper and complete p f my position as registered d to merely reflect a chang ompany has been notified i	ipacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent) Divisio	n of Corporations, P.O.	Box 6327, Tallahassee, FI	32314

FILING FEE: \$25.00

INHS18(10/99) -