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Special Instructions to Filin	g Officer:
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SECRETARY OF STATE OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INTERNATIONAL AVIATION, LI (Name of Limite	_C d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
CARLOS E. GONZALEZ	
(Name of Person)	0.7 DIV.
INTERNATIONAL AVIATION, LLC (Firm/Company)	O7 OCT 24 PM 1: 15
(rmn/Company)	P P P P P P P P P P P P P P P P P P P
2555 NW 55 COURT HANGER #30	
(Address)	
FT. LAUDERDALE, FL. 33309 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
CARLOS GONZALEZ at (754) 214-5361
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	iount:
√\$25 Filing Fee	X \$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limit	ed liability company is	S: INTER	NATIONAL AVIATION, LLC		
2. The mailing address of	f the limited liability of	company	is : 2555 NW 55 COURT H	HANGER #30	
FT. LAUDERDALE, FL. 33	309				
06/29/2004			L04000048744		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regist Florida Department of		istered o	ffice address as shown on	the records of the	
•	GONZALEZ, CAR	LOS E.			
Name			9 PV		
521 S. RAINBOW DR.			SECRETARY DIVISION OF CO 07 OCT 24		
Address		S			
HOLLYWOOD, FL. 33021			2 927		
	City	, State a	nd Zip	ادار ب	
6. The name and address	of the new registered	agent an	l/or office:	RPORT PH -	
JUAN CARLOS GONZALEZ YNFANTE		Z YNFANTE	RATION 1: 15		
	SEEE NIM EE COUD	Name	ED# 20	<u> </u>	
2555 NW 55 COURT HANGER# 30 Florida street address (P.O. Box NOT acceptable)					
	riorida street addre	ss (P.O.	Box NOT acceptable)		
	FT. LAUDERDALE,	FL	33309		
	City,	State and	d Zip		
confirmed that after the c	hange or changes are a f the registered agent vereby confirmed that the nited liability companated the liability of the limited liability	made, the id the id the change or as of the comp.	ne laws of the State of Flore Florida street address of entical. Or, in the case of e(s) was/were authorized betherwise provided in the arany.	the registered office	
	•				
(Printed or typed name of signee		····			
		agent an ve to the ons of my filed to ity comp	d agree to act in this capa proper and complete perfo position as registered age merely reflect a change in any has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	

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

(Signatur)

CCU/ of Registered Agent)