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TO: Registration Section Division of Corporations	Elle
	FILED
SUBJECT: AEROSPACE BUSINE	
(Name of	*Limited Liability Company) SECRETARY OF ADVI
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
BRIAN J MARTIN	
(Name of Person)	**************************************
AEROSPACE BUSINESS SOL (Firm/Company)	UTIONS LLC
(
15200 NW 7TH STREET	
(Address)	
PEMBROKE PINES, FL 33028	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
BRIAN J MARTIN	at (813) 380-3129
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Taliahassee, Florida 32314
Tallahassee, Florida 32301	i ananasse, i forta ses 14
Enclosed is a check for the following	ing amount:
\$25 Filing Fee	\$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 limited liability company is: AEROSPACE BUSINESS SOLUTION 2. The mailing address of the limited liability company is: 15200 NW 7TH STRE PEMBROKE PINES, FL 33028 L04000072281 **OCTOBER 6, 2004** 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: LEGALZOOM NEVADA, INC. Name 44 W. FLAGLER ST., SUITE 675 Address MIAMI, FL 33130 City, State and Zip 6. The name and address of the new registered agent and/or office: **BRIAN J MARTIN** Name 15200 NW 7TH STREET Florida street address (P.O. Box NOT acceptable) PEMBROKE PINES, FL 33028 City, State and Zip 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. (Signature of a member of authorized representative of a member) **BRIAN J. MARTIN** (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 address, likereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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