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SECRETARY OF SHATIONS
DIVISION OF CORPORATIONS

J. BRYAN MAR 2 0 2007

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Air Nationa (Name of Limited)	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 m	natter to the following:	
Branch B Andrew (Name of Person)	<u>~_</u>	S
Air Wational (Firm/Company)	07 MAR 19 PM 1:48	SION OF COR
4518 W Linebough	1 Ave	OF CORPORATIONS
Tampa FL 3366 (City/State and Zip Code)	24	
For further information concerning this matter, ple		
Branci Andrews at (Name of Person)	8/3 3 41 5 400 (Area Code & Daytime Telephone Numbe	r)
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 amo	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

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 or patriorized representative of a member)

Printed or typed prints of signes)

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 auties, 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, I hereby 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