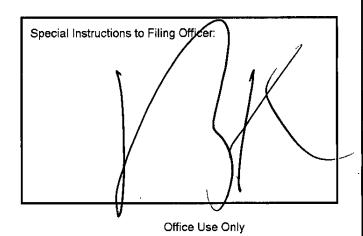
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OF CORPORATION

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** TRICIA TADLOCK DATE: 12-14-06 **REF. #:** 0650.61427 CORP. NAME: AIR PLATINUM, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION (XX) OTHER: CHANGE OF AGENT STATE FEES PREPAID WITH CHECK# 519455 FOR \$ 25.00. **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$____ PLEASE RETURN: () CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY () CERTIFICATE OF STATUS

Examiner's Initials

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.	
The name of the limited liability company is: Alr Platinum, LLC	
2. The mailing address of the limited liability company is : 9499 Collins Avenue, Apt. 203,	
Surfside, Florida 33154	
06/13/2006 L06000060132	
3. Date of filing/registration in Florida 4. 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: POUPE ELLOUK Name 268 PARK DRIVE Address MIAMI, FL 33154 City, State and Zip 6. The name and address of the new registered agent and/or office: MICKAEL COHEN 9499 COLLINS AVENUE, APT. 203 Florida street address (P.O. Box NOT acceptable) SURFSIDE FL 33154	
POUPE ELLOUK Name	
268 PARK DRIVE	
Address	
MIAMI, FL 33154 City, State and Zip	
6. The name and address of the new registered agent and/or office:	
of the name and address of the new registered agent around others:	
MICKAEL COHEN ?	
9499 COLLINS AVENUE, APT. 203	
Florida street address (P.O. Box NOT acceptable)	
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)	
MICKAEL COHEN (Printed or typed name 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 duties, and I am familiar with and accept the obligations of my basis registered agent as provided for in Chapter olds. I.S. Or, if this accument is being filed to merety reflect a change in the registered office address, I higher confirm that the limited liability company has been notified in writing of this change.	
(Stillnetwee of Negligions Agent)	
Division of Corporations, P.O. Box 6327, Tailahassee, FL 32314 FILING FEE: \$25,00	

INHS18 (8/05)