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(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)	•				
(Cit	y/State/Zip/Phone	; #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Do	cument Number)	 				
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
PK.						

Office Use Only



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ETARY OF STATE DEPARTMENT OF STATE
HASSEE, FLORIDA TALLAHASSEE, FLORIDA

CORPORATE When y	you need ACCESS to the world"			
ACCESS, INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666				
	WALK IN			
PICK UP:	<u> 6/21/07</u>			
CERTIFIED COPY PHOTOCOPY				
CUS	statement of change			
CORPORATE NAME AND DOCUMENT #)				
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(CORPORATE NAME AND DOCUMENT #))			
(CORPORATE NAME AND DOCUMENT #))			
5. (CORPORATE NAME AND DOCUMENT #				
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(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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.

,,	<i>y</i>				
1. The name of the limite	ed liability company	is: Aspen K	ey, LLC		
2. The mailing address o	f the limited liabilit	y company is	: 250 S. Australian	Avenue	
Suite 1405, West Palm					
			1.07000004600		
March 23, 2007 L070000316		L07000031620			
3. Date of filing/registrat	stration in Florida 4. Document nur		ber		
5. The name of the registric Florida Department of		egistered offic	ce address as shown o	n the records of the	
•	Aviation Lega	l Group, P	.A.		
		Name			
5525 NW 15th Avenue, Suite 200					
Address Address					
	Fort Lauderdal		3300	F3 & 71	
	1 OIT Lauderdan	ity, State and	7in	一套表言	
		• /	•	252	
6. The name and address	of the new registere	ed agent and/c	r office:	92 m	
	Paracorp Incom	rporated		PH 3: 20 RY OF STATE SSEE, FLORE	
		Name		95 Z	
	236 East 6th Av	venue		88	
	Florida street add	dress (P.O. Bo	x NOT acceptable)	V	
	Tallahassee	FL 32	303		
	Cit	ty, State and Z	Lip	<u></u>	
		•	-		
If the limited liability corconfirmed that after the cand the business office or liability company, it is he of the members of the lip or the operating agreeme	change or changes a f the registered ager creby confirmed tha mited liability comp	re made, the F nt will be iden t the change(s pany or as othe	lorida street address of tical. Or, in the case of was/were authorized by wise provided in the	of the registered office of a Florida limited d by an affirmative vote	
N	•				

Neal George Marhurger
(Printed or typed name of signed)

(Signature of a member or authorized representative of a member)

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, I hereby confirm that the limited liability company has been notified in writing of this change.

, Ninh Ho, Asst. Secretary, Paracorp Incorporated

(Signature of Registered Agent)

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