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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper

acasper5@cscinfo.com

Date: October 16, 2013

Order#: 848458/001

Re: LMG AVIATION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. Name of the limited liability company: LMG AVIATION	N, LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 2350 Investors Row	
/	Orlando	FL 32937
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 770429	
(Mart. Mart Berost of Free Bond)	Orlando, FL 32877	
09/28/2007	L07000099354	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florid	da Dept. of State:
Registered Agent:	Harvey M. Alper	
Registered Office Address:	516 Douglas Avenue Suite 1106	
	Altamonte Springs	FL 32714
(b) Enter name of NEW Registered Agent and/or NE		<u>*</u>
NEW Registered Agent:	Corporation Service Co	₩7:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	SE 8
	Tallahassee	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change (the members of the limited liability company or as otherwish operating agreement of the limited liability company. /s/ Dona Priebe	Florida street address of the street of the	the registered office a Florida limited
/s/ Dona Priede Signature of a member or authorized representative of a member	<u> </u>	
Signature of a member of authorized representative of a member		
Dona Priebe, Authorized Person Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my packet to the pand I am familiar with and accept the obligations of my packet to be compared to be compared to the limited liability compared to the liability compared to the limited liability compared to the limited liability compared to the limited liability compared to the liability c	proper and complete perfo position as registered age perely reflect a change in	ormance of my duties, ent as provided for in the registered office
By: Selvin Chresses		
Signature of Rogistered Agent Corporation Service Company	Sylvia Queppet, Assistant	Vice President

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