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| (Requestor's Name) | | |
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| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

Division of Corporations FREQUENT FLYER, LLC SUBJECT: Name of Limited 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 matter to the following: OSNAT GERI Name of Person FREQUENT FLYER, LLC Firm/Company 18660 COLLINS AV#107 Address SUNNY ISLES, FL 33160 City/State and Zip Code ogeri@allapm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OSNAT GERI Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section

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.

| (Note: MUST BE STREET ADDRESS) SUNNY ISLES. (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SUNNY ISLES, | |
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| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SUNNY ISLES, 05/08/2008 L08 3. Date of filing/registration in Florida 4. Document num 5. (a) Registered Agent and Registered Office shown on the records of the F Registered Agent: Registered Office Address: 18660 COLLINS | 0 COLLINS AVE#107 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SUNNY ISLES, 05/08/2008 L08 3. Date of filing/registration in Florida 4. Document num 5. (a) Registered Agent and Registered Office shown on the records of the F Registered Agent: Registered Office Address: 18660 COLLINS | FL 33160 |
| D5/08/2008 3. Date of filing/registration in Florida 4. Document num 5. (a) Registered Agent and Registered Office shown on the records of the F Registered Agent: Registered Office Address: 18660 COLLINS | OLLINS AV#107 |
| 3. Date of filing/registration in Florida 4. Document num 5. (a) Registered Agent and Registered Office shown on the records of the F Registered Agent: Registered Office Address: 18660 COLLINS | FL 33160 |
| 5. (a) Registered Agent and Registered Office shown on the records of the Registered Agent: Registered Agent: Registered Office Address: 18660 COLLINS | 000046380 |
| Registered Agent: Registered Office Address: 0SNAT GERI 1860 COLLINS | ber |
| Registered Office Address: 18660 COLLINS | lorida Dept. of State: |
| | |
| | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office NEW Registered Office Address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | *** |
| SUNNY ISLES | "FL <u>33160</u> |
| If the limited liability company is not organized under the laws of the State of confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the cas liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the or the operating agreement of the limited liability company. Signature of a member authorized representative of a member IAN LUDMIR Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this of comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registered Chapter 608, F.S. Or, if this document is being filled to merely reflect a change address, I hereby confirm that the limited liability company has been notified. Signature of Registered Agent. | s of the registered office e of a Florida limited ed by an affirmative vote e articles of organization |

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