20001/0002 Page 1 of 1

Florida Department of State

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EXAMINER 9/2/2011

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:	Melbourne Jet Center, LLC
2. (a) Principal office address of limited liability comp	eany: 2060 South Patrick Drive
(Note: MUST BE STREET ADDRESS)	Indian Harbour Beach, FL 32937
(b) Mailing address of limited liability company:	Same .
(Note: MAY BE POST OFFICE BOX)	
July 3, 2008	L08000065161
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Walter J. Gatti
Registered Office Address:	2060 South Patrick Drive
	Indian Harbour Beach, FL 32937
	<i>₩</i> . 1
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	(FW Registered Office address: ニー
NEW Registered Agent:	George D. Saut, Jr.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Salite Salite
	,FL
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 of the members of the limited liability company or as other or the operating of the members of the limited liability company.	Florida street address of the registered office
Signature of a member or authorized representative of a member	
George D. Saut, Jr.	
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 Chapter 608. E.A. Or, if this document is being filed to a address, I begin to compare that the limited liability compared to the	l agree to act in this capacity. I further agree proper and complete performance of my dutie, position as registered agent as provided for in nerely reflect a change in the registered office iny 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