LU8000083129

(Requestor's Name)				
. (Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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OSEP 18 PH 1:44 DIVISION OF SEP 1

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A SERVICE COMPANI					
	ACCOUNT NO.	:	12000000	195	
	REFERENCE	:	128317	7160570	
	AUTHORIZATION	:	S Now		
	COST LIMIT	:	\$ 25.00	enan	
ORDER DATE :	September 17, 200	09			OSTAIC SEVICE
ORDER TIME :	11:26 AM				野野
ORDER NO. :	128317-020				18
CUSTOMER NO:	7160570				OSEP 18 PH 3: 43
	CHANGE OF AC	<u>GEN</u>	<u>T</u>		-
NAME:	GYROCAM SYSTEN SERVICES, LLC	AS .	AVIATION		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:	
XX CERTIF	IED COPY STAMPED COPY				
CONTACT PERSON	: Joyce Markley		EXT# 2930		
			EXAMINER:		

; .

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:	GYROCAM SYSTEMS AVIATION SERVICES, LLC
2. (a) Principal office address of limited (Note: MUST BE STREET ADL	liability company: <u>7345 - 16th Street East</u> DRESS Bldg. C, Suite 101 Sarasota, FL 34243
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	company: Same as above
09/02/2008	L080000083129
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered (Office shown on the records of the Florida Dept. of State:
Registered Agent:	David L. Koche
Registered Office Address:	2. Document number 2. Document number David L. Koche 601 Bayshore Boulevard Suite 700 Tampa, FL 33606
	Tampa, FL 33606 5
(b) Enter name of NEW Registered A	gent and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET)	1201 Hays Street
MUSI BE PLORIDA STREET	Tallahassee ,FL 32301
that after the change or changes are made, office of the registered agent will be ident hereby confirmed that the change(s) was/y	inized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business ical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
Karen J. Barrett (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as regist comply with the provisions of all statutes am familiar with and accept the obligation F.S. Or, if this document is being filed to confirm that the limited liability company Corporation Service Company By: Sylvia (Signature of Registered Agent)	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, and I as of my position as registered agent as provided for in Chapter 608, merely reflect a change in the registered office address, I hereby has been notified in writing of this change. Queppet, Asst. VP

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