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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 111/10/2011 SPEQ Name of Limited	AIRPORT, LA C d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Name of Person	26 A
Name of Person	
TINCK (SES AIR PORT)	CCC STORING
2170 HAIN STILEST SIC	4:4
City/State and Zip Code	
E-mail address: (to be used for future hornual report notification	in)
For further information concerning this matter, plea	se call:
Krisztina Casgolyakai (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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: $\underbrace{-\exists \{t_i\} \in Y_i\}}$	ST STE AIRTERA LLI
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 21 75 MAD STREET STE 951 SACASOTA + 40 350 21
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SIE - GOT TE SYZST
1104 2008	Loscopolo 3123 5 mg
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:	DOMECHE ECHERGS
Registered Office Address:	10 (CONCAL ANTA S
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	THOERGY HOURAND WAS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	STREASON FL 5025
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company.	lorida street address of the registered office
Signature of a member or sushorized representative of a member	_
Printed or typed name of signer	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province I am familiar with and accept the obligations of my pochapter 608, F.S. Or if this document is being filed to mead ress, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sitjon as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Cornerations, P.O. Roy 63	27. Taliahassee El. 32314

FILING FEE: \$25.00