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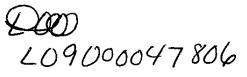
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SECRETARY OF STATE
ALLAHASSEF FINE

D. BRUCE

SEP 9 2009

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: AIRTER Marketing LLC Name of Limited 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 ma	atter to the following:		
Debra Suggs Name of Person			
Firm/Company			
19227 Autumn Wood Address Tampa F 1 3364 City/State and Zip Code d Stult 2 2 2 ven zon . no E-mail address: (to be used for future annual report notification)	17 24	09 SEP -8 PHIZ: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
For further information concerning this matter, plea	se call:		
Name of Person 2 at (_	813) 220 5430 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 amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified	Сору	

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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

agent, or both, in the State of Florida.	•
1. Name of the limited liability company:	Drow airtek Marketing LIC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
	1.0900047806
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	WILLIAME Stultz 11
Registered Office Address:	19227 Autuma Woods Ave
	TAMPA F1 33647
(b) Enter name of NEW Registered Agent and/or NI	EW Pagistared Office address:
	Debra Suggs
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	19227 Autumn Woods Arg
	Ampa ,FL 33647
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 confirmed that the change of the members of the limited liability company or as other confirmed that the change of the members of the limited liability company or as other confirmed that the change of the members of the limited liability company or as other confirmed that after the change or changes are made, the confirmed that after the change or changes are made, the and the business office of the registered agent will be identified to the change of the limited liability company or as other confirmed that the change of the registered agent will be identified to the change of the registered agent will be identified to the change of the registered agent will be identified to the registered agent will be identif	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
or the operating agreement of the limited liability compar	SE COR
Signature of a member or authorized representative of a member	- ASS
Debra Suggs	
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to n address, Thereby confirm that the limited liability compa	agree to act in this capacity of urther agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

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