## LOADOOUSIE

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
JUN 2 9 2012					
L. SELLERS					

Office Use Only



700235678487

RECEIVED

MIN JUN 28 PM 4: 35

SEPRETARY OF STATE

FILED

12 JUN 28 AM 9: 48

SECRE IARY OF STATE



CORPORATION SERVICE COMPANY

ACCOUNT	NO.	•	1200000001	95

REFERENCE : 255473 / 77364

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : June 26, 2012

ORDER TIME : 1:43 PM

ORDER NO. : 255473-014

CUSTOMER NO: 7736440

## CHANGE OF AGENT

NAME: APOLLO AVIATION A320, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

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: APOLLO AVI	ATION A320, LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	: 848 Brickell Avenue, Suite 500, Miami FL 33131
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	848 Brickell Avenue, Suite 500, Miami FL 3313
06/24/2009	L09000062152
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	CT Corporation System
Registered Office Address:	1200 S. Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	V Registered Office address:  Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassec ,FL 32301
If the limited liability company is not organized under the l that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.  Maure atter	t address of the registered office and the business use of a Florida limited liability company, it is y an affirmative vote of the members of the limited forganization or the operating agreement of the
(Signature of a member or authorized representative of a member)  Maureen Cathell, Authorized Person (Printed or typed name of signee)	RY OF ST
I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further again to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608 hange in the registered office address, I hereby in writing of this change.
By: Said wiight	
	Sarah Wright, Asst. Vice President
Division of Corporations, P.O. Box	032/, Tallanassee, PL 32314

**FILING FEE: \$25.00**