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To:

Division of Corporations

Fax Number : (850)517-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the smail address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE IN FLIGHT SERVICES CIS, LLC

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11/24/14, 1:42 PM



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: IN FLIGHT S	ERVIC	ES CIS, LL	<u>.C</u>
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		555 N.E. 185 STREET, SUITE 101		555 N.E.	185 STREET, SUITE 101
		MIAMI, FL 33179		MIAMI, F	L 33179
		09/04/2009		L0900008	36351
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)				
•	ζ,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	!
		M&M RA Services, LLC			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		3001 SW Third Avenue			
		Miami , FI	3312	9	Ale F
					AR O
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	·		HAS
	• ,	Enter name of NEW Registered Agent and/or NEW Registered Office addr			YXX Y
	Corporate Creations Network Inc.				E. FL.
		NEW Registered Office Address:			CATTO ORIGO
		11380 Prosperity Farms Road #221E			DA.
		Palm Beach Gardens	. 3341	0	
the age wa the	cha ent v	imited liability company is not organized under the latenge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited let eatherized by an affirmative vote of the members icles of organization or the operating agreement of the structure of a member or authorized representative of a member	f the re- iability of the li e limited	gistered office company, it is imited liability d liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Attorney-in-Fact
	iena	iture of a member or authorized representative of a member			Printed or typed name of signee
pri the to	ere vişi obi ngr	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to de perfor in hereby	nct in this cap mance of my n Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept I, F.S. Or, if this document is being filed the limited liability company has been
Sig	∏V znatu	Timothy Pratts, Special proof Registered Agent	al Secr	etary	