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LLC REGISTERED AGENT CHANGE TRADEWINDS VI, L.L.C.

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J. SAULSBERRY - EXAMINES

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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 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: TRADEWINDS | VI, L.L.C. | |
|--|--|--|
| 2. (a) Principal office address of limited liability company | y: 4700 Lyons Technology Parkway, | |
| (Note: MUST BE STREET ADDRESS) | Coconut Creek, Florida 33073 | |
| (b) Mailing address of limited liability company: | 4700 Lyons Technology Parkway, | |
| (Note: MAY BE POST OFFICE BOX) | Coconut Creek, Florida 33073 | |
| 10/5/2009 | L09000095521 | |
| 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: | CAPITOL CORPORATE SERVICES, INC. | |
| Registered Office Address: | 155 OFFICE PLAZA, SUITE A | |
| | TALLAHASSEE FL 32301 US | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: C T Corporation System | |
| NEW Registered Agent: | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1200 South Pine Island Road, | |
| | Plantation ,FL 33324 | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member David Radunsky, Manager of Petrus Aviation LLC, Member | | |
| Printed or typed name of signer | enner | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company with the company of the | | |
| O.S.m.m.o. or profinered usant | | |

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

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