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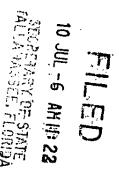
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D. BRUCE
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EXAMINER

COVER LETTER

Division of Corporations SkyBlue Jet Aviation LLC **SUBJECT:** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sven Samson Name of Person SkyBlue Jet Aviation LLC Firm/Company 225 West Seminole Boulevard, Suite 1406 Address Sanford, FL 32771 City/State and Zip Code Sven@SkyBlueJetAviation.Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sven Samson . 704 6082 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **✓** \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section

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:	SkyBlue Jet Aviation LLC	
2. (a) Principal office address of limited liability company	y: 225 West Seminole Boulevard	
(Note: MUST BE STREET ADDRESS)	Suit e1406 Sanford, FL 32771	
(b) Mailing address of limited liability company:	225 West Seminole Boulevard	
(Note: MAY BE POST OFFICE BOX)	Suite 1406 Sanford, FL 32771	
February 28, 2010	L10000021724	
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:	Sven Samson	
Registered Office Address:	-54 West-Seminole Blud -Suite 74 - SHIPPORD, FL 32771	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	525 W. Seminole blud, Ste 140	
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		
Sven Samson		
Printed or typed name of signee	77 7	
I hereby accept the appointment as registered agent and agree to act in this capacity. Thirthan agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		

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

Signature of Registered Agent