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COVER LETTER

. TO:

Registration Section

Divi	sion of Corporations							
SUBJECT:	Legacy Flight Training LLC							
SUBST.CT.	Name of Limited Liability Company							
Dear Sir or !	Madam:							
The enclosed	d Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.					
Please return	all correspondence concerning this	matter to the f	following:					
Diane Ingl	is							
	Name of Person		_					
Legacy Fli	ight Training LLC							
	Firm/Company		_					
2920 Pipe	r Drive, Bldg. 13							
	Address		-					
Vero Bead	ch, FL 32960							
	City/State and Zip Code		_					
-	s@legacyflighttraining.com							
E-mail	address: (to be used for future annu	ial report notifi	cation)					
For further i	nformation concerning this matter,	please call:						
Diane Ingl	is	772 at (539-0420					
	Name of Person	(Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reį Div P.C	AILING ADDRESS: gistration Section rision of Corporations 0. Box 6327 Iahassee, Florida 32314					
Enc	losed is a check for the following	amount:						
⊿ s	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy					
INHS18 (2/1-	4)							

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

Na	ame of the limited liability company: Legacy Flight	Traini	ng LLC			
(a)	2920 Piper Drive, Bldg. 13	(_{b)} 2920 P	iper Drive,Bl	dg. 13	
(47)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address o (Note: MAY B	of limited liability SE POST OFFICE	
	Vero Beach, FL 32960	-	Vero Be	each, FL 329	960	
	03/02/2010		L100000	123339		
	Date of filing/registration in Florida BUSINESS FILINGS INCORPORATED	4.		Document nu	ımber	
(a)			1 D 4 EC:			
	Registered Agent and Registered Office shown on the records of the	ne Floric	ia Dept. of Sta	ne:		
	1200 South Pine Island Road Registered Office Address	DDRES.	<u>S)</u>	_	(A : N	_
	Plantation , FL	33324		_	SECRETARY (
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		SEC.	
	2920 Piper Drive,Bldg. 13				STATE	
	NEW Registered Office Address:			_		
	Vero Beach	32960)	_		
e cha gent vas/wa e arti Signa here ovisi e obi mere	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. In a first writing of this change.	the registity of the linited	istered officompany, it nited liabil liability co	ce and the busing is hereby confiity company or ompany. Printed or types pacity. I further	ness office of irmed that the as otherwise d name of signed arree to co	the register change(s) provided in

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

Wine M. In

Signature of Registered Agent