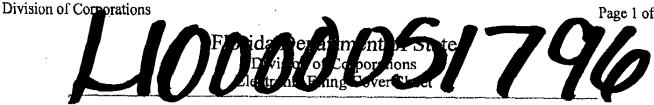
06/11/2012 14:47 FAX 772 464 7877

DEAN MEAD MINTON ZWEMER

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(((H12000155429 3)))



H120001554293ABC\$

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Account Number: 076077001702 : (407)841-1200 Phone Fax Number : (407)423-1831

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

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LLC REGISTERED AGENT CHANGE **OUTDOOR AIR, LLC**

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D. BRUCE

JUN 12 2012

EXAMINER

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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:	OUTDOOR AIR, LLC
2. (a) Principal office address of limited liability company	y: 222 CATFISH CREEK RD.
(Note: MUST BE STREET ADDRESS)	LAKE PLACID, FL 33852
(b) Mailing address of limited liability company:	P.O. BOX 807
(Note: MAY BE POST OFFICE BOX)	LAKE PLACID, FL 33862
5/13/2010	L10000051796
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:	GRIGSBY, ALAN
Registered Office Address:	222 CATFISH CREEK RD. CO
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	DEAN MEAD SERVICES, LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	800 NORTH MAGNOLIA AVE. SUITE 1500
	ORLANDO ,FL32803-3276
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.	florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Signature of a member or authorized representative of a member	-
MICHAEL T. GALLAHER Printed or typed name of signee	_ ·
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608. The Or of this document is being filed to m address, Thereby confirm that the limited liability comparations.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ty has been notified in writing of this change.
Signature of Registered Agent	

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

INHS18 (05/08)