an of Corpositions Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000273006 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

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

Enter the email 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 RETAIL SOLUTIONS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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 R | ETAILS | OLUTIO | ONS, LLC | - |
|---------------------------------|-------------------------|---|--|---|--|------------|
| | | | (b | | • | |
| | . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | • |
| | | 555 NE 185 STREET, SUITE 101 | | 555 NE | 185 STREET, SUITE 101 | _ |
| | | MIAMI, FL 33179 | | MIAMI, FL 33179 | | |
| | | 09/13/2010 | | L100000 | 95675 | |
| 3. | | Date of filing/registration in Florida | 4, | | Document number | • |
| 5 | (a) | · | | | | |
| ٥. | (a) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Ste | _ te: | |
| | | M&M RA Services, LLC | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | <u> </u> | _ | |
| | | 3001 SW Third Avenue | | | <u></u> | |
| | | Miami | 33129 | | SEC ALL | <u>•</u> |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> | | CRETARY CLAHASSEE | 2 |
| | (b) | | | | TAR ASS | <u>၁</u> |
| | . , | Enter name of NEW Registered Agent and/or NEW Registered | d Office ±d | lreas: | - SEE | 3 <u>C</u> |
| | | Corporate Creations Network Inc. | _ | _ | | :: :: |
| | | NEW Registered Office Address: | | | ATE S | <u>~</u> |
| | | 11380 Prosperity Farms Road #221E | | | | |
| | | Palm Beach Gardens | L33410 | | • | |
| the ago | cha ent v stweeth | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members igles of organization or the operating agreement of the ture of a member or authorized representative of a member | f the regination of the limited limite | stered office ompany, it is ited liability iability con Pratts, A | the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Attorney-in-Fact Printed or typed name of signore | _ |
| I h pro the to i no | opi opi neri | by accept the appointment as registered agent and agens on sof all statutes relative to the proper and complete igations of my position as registered agent as providely reflected change in the registered office address. It is a writing of this change. Timothy Pratts, Specific acceptance of the complete in the registered of the change. | ree to act perform ed for in C hereby co isi Secre | in this car znce of my Chapter 60 onfirm that | pacity. I further agree to comply with the duties, and I am familiar with and acceps, F.S. Or, if this document is being filed the limited liability company has been | <i>‡</i> |
| Sig | matu | re of Registered Agent | | • | | |