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COVER LETTER

TO: Registration Section Division of Corporations	
	and interest and Dawer LLC
	Aerolink Marine and Power, LLC
N	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Jonathan Bloom	. Esa.
Name of Person	, 104
	20 1A:
_,	[a]
Bloom & Freel	
Firm/Company	ASS
	SEC. 5
2295 NW Corporate Blv	LAPR 25 AH II: 08 CRETARY OF STATE CHARASSEE, FLORID; vd., Ste 117
Address	
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City/State and Zip Coc	ie –
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jbloom@bloom-free E-mail address: (to be used for future annu	IIII.COM al report notification)
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For further information concerning t	his matter, please call:
Jonathan Bloom, Esq.	at (561) 864-0000
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRE	ESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the	following amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. Aerolink Marine and Power, LLC 1. Name of the limited liability company: _____ 2295 NW Corporate Blvd. Ste 110 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Boca Raton, FL 33431 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 11/01/2010 L10000113524 4. Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dep of Registered Agent: Jared Woolf 万里 17968 Fieldbrook Circle South Registered Office Address: Boca Raton, FL 33496 (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**: **NEW** Registered Agent: **NEW** Registered Office Address: 2295 NW Corporate Blvd, Ste 110 (MUST BE FLORIDA STREET ADDRESS) Boca Raton 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. or authorized representative of a member Signature of JARED WOOLF

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00