Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From: Ana M. Sanz

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP
Account Number : I20070000136
Phone : (786)594-4102
Fax Number : (786)664-3375

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

Email Address: asanz@arhmf.com

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LLC REGISTERED AGENT CHANGE

FLY MIAMI LLC

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TALLAHASSEE, FLORIDA

APR 05 2016

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FAX AUDIT NO.H16000083264 3

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. Name of the limited liability company: FLY MIAMI LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*
603 SW 77 WAY
PEMBROKE PINES, FL 33023

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*
603 SW 77 WAY
PEMBROKE PINES, FL 33023

3. February 24, 2016 — Date of filing/registration in Florida

4. L16000083004 — Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Interamerican Corporate Services LLC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2525 Ponce de Leon Blvd., Suite 1225

Coral Gables, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Arturo B. Arboleda

NEW Registered Office Address:
10000 Stirling Rd #2

Cooper City, FL 33024

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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.

A. Arboleda
Signature of a member or authorized representative of a member

ARTURO ARBOLEDA
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 605, 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.

A. Arboleda
Signature of Registered Agent

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

INHS18 (2/14)