199000008085

mrosenberg

HEALTH DECISIONS, INC. 1512 E. Franklin Street, Suite 200 Chapel Hill, NC 27514

City/State/Zip

Phone #

400004633924--4 -10/12/01-01013-000 *****25.00 *****25.00

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name		AMENDMENTS Amendment Resignation of R. Change of Registe Dissolution/Withe Merger REGISTRATION/Q Foreign Limited Partnersh Reinstatement Trademark Other	UALIFICATION 99 - 808
CR2E031(7/97)			Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 18, 2001

HEALTH DECISIONS, INC. 1512 E. FRANKLIN STREET, SUITE 200 CHAPEL HILL, NC 27514

SUBJECT: NOVA AVIATION, LLC Ref. Number: L99000008085

We have received your document for NOVA AVIATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 401A00057561

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. The name of the limited liability company is: NOVA AVIATION; LIC
2. The mailing address of the limited liability company is: 160 NE THRE AVE
FT. LAUDERDALE FL 33301
NOV 17, 1999 L9900008085
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
MICHAEL ROSENBERA
Name 100 NE THIRD AVE
Address FT. LAUDERDALE FL 33301 City, State and Zip
6. The name and address of the new registered agent and/or office:
MICHAEL ROSENBERY
Name S C
Florida street address (P.O. Box NOT acceptable)
BOCA PATON FL 3343Z City, State and Zip
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.
(Signature of a member or authorized representative of a member)
Michael Rushard (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 Compositions, P.O. Poy 6227, Tollahassas, El. 22214

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

INHS18(10/99) FILING FEE: \$25.00