#### Florida Department of State

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 31, 2001

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the Stat	s the following state	16 or 608.508, Flori ment in order to chan	da Statutes, the ige its registere	e undersigned d office or re	limited gistered
1. The name of the limite	ed liability company	is: <u>Insight Avia</u>	tion, I.I.C.		·
2. The mailing address of	f the limited liability	company is: 4101	Evans Avenue		<del></del> -
Fort Myers, Flo	orida 33901		_ <del>_</del> .		·
12/22/1999		<u></u>	000009117		
3. Date of filing/registrat	ion in Florida	4. Do	cument number		
5. The name of the registr Florida Department of	ered agent and the re State:	gistered office address	as shown on th	e records of the	ne ≥a
	David C. Brown				
		Name		· 0	
	2665 Oak Ridge		·		_ ري 
		Address		435	
	Fort Myers, Fl	orida 33901			
	C	ty, State and Zip		7:	
6. The name and address	of the new registere	d agent and/or office:			200 pm. )
	Bruce D. Green				<u></u>
	Broce D. Greet	Name	······································		
	1520 Royal Pal	m Square Boulevar	d, Suite 320		
		ress (P.O. Box NOT a			
	Fort Myers,	FL 33919			
	Cit	y, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement.  (Signature of a member or all the	change or changes are  f the registered agent  ereby confirmed that  ed liability company  of the limited liabili	e made, the Florida str t will be identical. Or, the change(s) was/we or as otherwise provid- ty company.	reet address of the , in the case of a re authorized by	ne registered o Florida limite an affirmativ	office ed e vote of
David C. Brown	. MD				
(Printed or typed name of signe	e)	· · · · · · · · · · · · · · · · · · ·			
I hereby accept the appropriate comply with the provision and I am familiar with a Chapter 508, F.S. Or, is address. I hereby confirmation	ointment as registerents of all statutes rel na accept the obligate this document is be that the limited lia	nd agent and agree to a ntive to the proper and tions of my position as ing filed to merely refl bility company has be	act in this capac I complete perfo I registered ager ect a change in en notified in wi	ity. I further ormance of my nit as provided the registered riting of this c	agree to duties, for in office hänge.

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

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