M04000000926

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



200130170492

08 MAY 28 PM 3:

RECEIVED

ORINY 28 PH 2: 41

B. KOHR MAY 2 8 2008

EXAMINER



ON SERVICE COMPANY	
ACCOUNT NO.	: 072100000032
REFERENCE	: 587564 7337398
AUTHORIZATION	: Louis de man
COST LIMIT	: \$ 25.00 人 岂美 1
ORDER DATE : May 28, 2008	: \$ 25.00 FLED
ORDER TIME : 1:55 PM	بن بن
ORDER NO. : 587564-005	The state of the s
CUSTOMER NO: 7337398	· · · · · · · · · · · · · · · · · · ·
CHANGE OF A	AGENT
NAME: ARROW AIR II,	, LLC
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY	
CONTACT PERSON: Jeanine Reyno	olds
_	KAMINER'S INITIALS:

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 limite	d liability company is	: ARROV	V AIR II, LLC	•		
2. The mailing address of				l Avenue, Bldg 712,		
Miami, FL 33126			· · · · · · · · · · · · · · · · · · ·			
3/9/2004			M0400000926			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the registe Florida Department of S	State:					
	Patri	ice E. Robi Name	net	08		
1701 NW 63rd Ave, Bldg 712						
Address Miami, FL 33126						
City, State and Zip						
6. The name and address of	of the new registered a	igent and/or	office:	OR MAY 28 PH 3: 46 TALLANASSEE, FLORID		
Patrice E. Robinet Name 1701 NW 63rd Ave, Bldg 712 Address Miami, FL 33126 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company						
Name 1201 Hays Street						
Florida street address (P.O. Box NOT acceptable)						
			-			
	Tallahassee City, S	State and Zip				
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limor the operating agreemen	lange or changes are not the registered agent we selve confirmed that the little diability company tof the limited liability.	nade, the Flo vill be identic e change(s) v or as otherv ty company.	rida street address al. Or, in the case vas/were authorize	of the registered office of a Florida limited d by an affirmative vote		
(Signature of amember or authori	zed representative of a memb	per)				
James KARDE	on Secretary					
(Printed or typed name of signee)	,			and the A.C. with an armon to		
I hereby accept the appoil comply with the provision and I am familiar with apa Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relativ l accept the obligation his document is being that the limited liabili	igent and agi ve to the prop ns of my posi filed to mere ty company i	ee to act in this ca er and complete p tion as registered a ly reflect a change tas been notified it	spacity. I further agree to erformance of my duties, agent as provided for in In the registered office myriting of this change.		
	Jeanine R	eynolds				
(Signature of Registered Agent)	as its a	gent				

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