M05000002396

(Red	questor's Nam	e)
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Pho	one #)
PICK-UP	☐ WAIT	MAIL
·	siness Entity N	lame)
(Doc	cument Numbe	er)
Certified Copies	Certifica	tes of Status
Special Instructions to F	Filing Officer:	
	Office Use (Only



100074240381



RECEIVED

06 MAY 26 PM 2: 49

DEFENDED STATES OF STATES



ION SERVICE COMPANY.				
	ACCOUNT NO.	:	072100000032	
	REFERENCE	:	111 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	AUTHORIZATION	:	Spellelena	一點 景 有
	COST LIMIT	:	\$ 25.00	TECRES 26
ORDER DATE :	May 23, 2006			ARY OF STATE
ORDER TIME :	12:53 PM			STAT STAT
ORDER NO. :	127531-205			Em *
CUSTOMER NO:	7530938			
	CHANGE OF A	GEN	<u>T</u>	,
NAME:	PIEDMONT HAWT	'HOR	NE AVIATION,	RECEIVED 06 MAY 26 PM 2: L DE PART MET SOR POR ATT DIVASSOR BY SEEL FILOR
	THE FOLLOWING AS	; PR	OOF OF FILING:	ED 2: 48
	STAMPED COPY			
CONTACT PERSON	N: Sara Lea			
	EX	[IMA]	NER'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: PIEDMON	T HAWTHORNE AVI	ATION, L.L.C.	·
2. The mailing address of	the limited liability	company is:			
1524 W. 14th Street, Suite 110), Tempe, AZ 85281		"		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		·
05/05/2005			M05000002396		
Date of filing/registrati	on in Florida		4. Document nur	nber	
5. The name of the registe Florida Department of S		gistered office	e address as shown	on the records of t	the
•	СТ	Corporation Sys	tem		
		Name			
	1200 8	South Pine Island	l Road		
		Address		17F 198	
		antation, FL 333: ty, State and Z		2006 HAY SECRET TALLAH	
		• *	•	Y2	CANADA SERVICE
6. The name and address of	of the new registered	l agent and/or	office:	38.8 8.84 9.00	i M
	Corpora	ntion Service Cor	npany	AM 9: 44 OF STATE EE. FLORID!	O
		Name		9: 44 STATE FLORID	2100
		201 Hays Street		台州 ま	
	Florida street addre	ess (P.O. Box	NOT acceptable)	متؤ	
	Tallahassee	FL	32301		
	City	, State and Zij	o		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limbor the operating agreement (Signature of a member of author)	tange or changes are the registered agent by confirmed that the limited liability compart of the limited liability.	made, the Flowill be idention the change(s) ny or as other lity company.	orida street address cal. Or, in the case was/were authorize wise provided in the	of the registered of of a Florida limited d by an affirmativ	office ed e vote
(Printed or typed name of signee)	<u> </u>				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or. if the address, I hereby confirm (Signature of Registered Agent)	VII. OTI ILA		ree to act in this ca per and complete po tition as registered a ely reflect a change has been notified in	pacity. I further of erformance of my igent as provided in the registered a writing of this ch	agree to duties, for in office aange.

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