M050004481

	(Requestor's Name)
· <u>-</u> •	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

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L. SELLERS

MAY 19 2010

EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA 東京教育の職者の職員といいます。

COVER LETTER

Registration Section Division of Corporations			
SUBJECT:	AIRSURE LIMITED, LLC		
	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.		
Please return all correspondence of	concerning this matter to the following:		
Barbara And	erson		
Name of Perso	n		
Licensing Profe	essionals		
Firm/Company			
PO Box 5	66		
Address			
Lynden WA	9 8264		
City/State and Zip	Code		
kcurry@airsu E-mail address: (to be used for future a	re.com annual report notification)		
For further information concerning this matter, please call:			
Barbara Anderson	at (888) 543-5432		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADD	RESS: MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			
Tallahassee, Florida 32301	e Tananassee, Pionda 52514		
Enclosed is a check for t	he following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	AIRSURE LIMITED, LLC
2. (a) Principal office address of limited liability company	y: 5700 Granite Parkway #550
(Note: MUST BE STREET ADDRESS)	Plano TX 75024
(b) Mailing address of limited liability company:	5700 Granite Parkway #550
(Note: MAY BE POST OFFICE BOX)	Plano TX 75024
08/11/2005 3. Date of filing/registration in Florida	M05000004487 4. Document number
3. Date of fining/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	Paracorp Incorporated 236 East 6th Avenue
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee, FL 32303 ,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of) the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Lawrence Mattiello Printed or typed name of signee	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I jurither agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	

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

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 5/3/2010

ENTITY NAME: AIRSURE LIMITED, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Hinh of

Paracorp Incorporated