M08000000997

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
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3 JAN -8 AM II: 12 ECRETARY OF STATE



ACCOUNT NO. : 12000000195

REFERENCE : 485907 7914342

AUTHORIZATION :

ORDER DATE: January 4, 2013

ORDER TIME : 4:25 PM

ORDER NO. : 485907-004

CUSTOMER NO: 7914342

CHANGE OF AGENT

NAME: AMBIENT AIR, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'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. Name o	of the limited liability company: AMBIENT A	IR ENTERPRISES I, LLC
2. (a) Prir (<u>N</u>	ncipal office address of limited liability company lote: MUST BE STREET ADDRESS)	y: 620 West Baldwin Road Panama City, FL 32405
	iling address of limited liability company: <i>lote: MAY BE POST OFFICE BOX</i>)	
	02/29/2008	M08000000997
3. Date of	filing/registration in Florida	4. Document number
5. (a) Re	gistered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Reg	gistered Agent:	C T Corporation System
Reg	gistered Office Address:	1200 South Pine Island Road Plantation, FL 33324
<u>NE</u> NE	ter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>CW</u> Registered Agent: <u>CW</u> Registered Office Address: <u>UST BE FLORIDA STREET ADDRESS)</u>	Corporation Service Company 1201 Hays Street
that after the office of the hereby con liability co	the change or changes are made, the Florida street registered agent will be identical. Or, in the change (s) was/were authorized to the change (s) was/were authorized to the provided in the articles of the company.	laws of the State of Florida, it is hereby confirmed et address of the registered office and the business
Maureen C (Printed or ty)	Cathell, Authorized Person ped name of signce)	
Ву:	Levis auente	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.
(Signature ty	Negistred Agent) Corporation Service Company Division of Corporations, P.O. Box	Sylvia Queppet, Asst. VP
	Division of Corporations, 1.0. Dox	. vo#/9

FILING FEE: \$25.00