M0800004685

(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
		<u>-</u>			
(Bi	usiness Entity Nar	ne)			
(De	ocument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				
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ANASSEE, FLORIDA

D. BRUCE

DEC 20 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	UBJECT: Foxy Air (CJ-SOV-1407), LLC Name of Limited Liability Company					-
	1100	ine of Emilion	Liaomiy	Company		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Regis	tered Office C	hange and	I fee(s) are submi	itted for filing.	
Please	e return all correspondence conc	erning this ma	itter to the	following:		
		-				
	Michael W. Moskowit	tz, Esq.				
	Name of Person					
••••	Moskowitz, Mandell, Salim & Firm/Company	Simowitz, P.	A			
	800 Corporate Drive, S	Suite 500				
	Address				gereg.	
<u> </u>	Fort Lauderdale, FL City/State and Zip Code				10 DEC 17 PM 12: JULES DARY OF STR ALLAHASSEE, FLO	
E	mmoskowitz@mmssla -mail address: (to be used for future annua	l report notification	1)		15 1 5	elakuran Magazari
For fu	orther information concerning th	is matter, pleas	se call:		28 RIDA	
	Michael W. Moskowitz	at (954)	491-	-2000	_
	Name of Person		Area	Code & Daytime Tele	phone Number	
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	S:	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, Florida 32314	4	
	Enclosed is a check for the fo	ollowing amou	unt:			
	\$25 Filing Fee	!	\$55 F	iling Fee & Certi	fied 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 liability 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:	oxy Air (CJ-SOV-1407). LLC			
2. (a) Principal office address of limited liability company:				
(Note: MUST BE STREET ADDRESS)	480 South Andrews Avenue, Suite 103 Pompano Beach, FL 33069			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	480 South Andrews Avenue, Suite 103 Pompano Beach, FL 33069			
10/21/2008	M0800004685			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:			
Registered Agent:	CFRA. LLC			
Registered Office Address:	4221 W. Boy Scout Blvd. Tampa, FL 33607-5736			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent: NEW Registered Office Address:	Michael W. Moskowitz			
(MUST BE FLORIDA STREET ADDRESS)	Fort Lauderdale			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
Signature of a member or authorized representative of a member				
Printed or typed name of signee	<u></u>			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and ascept the obligations of my p Chapter 608, F.S. Or, Fruis accument is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office my has been notified in writing of this change.			

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

INHS18 (05/08)

Signature of Registered Agent