

M04000001478

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

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11 AUG 26 AM 11 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
AIR BERLIN PLC, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

D. BRUCE

AUG 29 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Air Berlin PLC, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Evelyn D. Sahr, Esq.

Name of Person

Eckert Seamans Cherin & Mellott, LLC

Firm/Company

1717 Pennsylvania Avenue, NW 12th Floor

Address

Washington, DC 20006

City/State and Zip Code

esahr@eckertseamans.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Evelyn Sahr, Esq.

Name of Person

at (202)

659-6600

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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 of the limited liability company: Air Berlin PLC, LLC
2. (a) Principal office address of limited liability company: The Hour House
(Note: MUST BE STREET ADDRESS) 32 High St., Rickmansworth, Hertfordshire
United Kingdom WD3 1ER
- (b) Mailing address of limited liability company: The Hour House
(Note: MAY BE POST OFFICE BOX) 32 High St., Rickmansworth, Hertfordshire
United Kingdom WD3 1ER
- April 21, 2009 M09000001478
3. Date of filing/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: Thomas Baur
- Registered Office Address: 100 N. Biscayne Blvd.
Suite 2100
Miami, FL 33132
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: CT Corporation System
- NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

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

Ulf Hüttmeyer
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Connie Bryan
Signature of Registered Agent

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

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11 AUG 26 AM 10
TALLAHASSEE, FLORIDA
CLERK OF STATE