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## COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Via Air LLC Name of Limited Liability Company							
Productor Emilies 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:							
Trit Vizer Name of Person							
Via Ar LLC Firm/Company							
218 Jackson Street Address							
Mai Hand, FL 32751 City/State and Zip Code							
iriteflyviaair.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Trit Vizer at (407) 374-2429  Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clore 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 \$ S25 Filing Fee & Certified Copy							

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company: <u>ViaAir_Ll</u>	LC_					
2. (a)		(b)					
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, , ,		Mailing address o	of limited liabilit BE POST OFFI	y comp	any:
	218 Jackson Street		218	Jackson	Stree	+	
	Maitland, FL 32751			and, FL			<b>_</b>
3.	0 4 2009  Date of filing/registration in Florida	- 4.	^	0900000 Document no	)2138 <sub>Imber</sub>		
5. (a)	Registered Agent and Registered Office shown on the records of the						
(b)	Registered Office Address  Registered Office Address  MEST BE FLORIDA STREET A  485 N. Keller Rd. Suite  Maitland .FL.  Enter name of NEW Registered Agent and/or NEW Registered Office Address:	00RESS) 401 32	751	-	SECRETARY OF STATE TALLAHASSEE, FL	2018 AUG 14 AM 8: 54	TIMO
	218 Jackson Street  Maitland FL	327	51	-			
the char agent w was/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited lial reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registe bility con f the limit	ered office npany, it i ed liabilit	e and the busing s hereby conti y company or	ness office of irmed that the	the re-	gistered (c(s)
-				IRIT VI	ZER d name of signee		
I hereb provision the oblition mere notified	are of a member of authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this ahange.	verforma Hör in Cl	ice of my iapter 603	acity. I furthe duties, and I a 5. F.S. Or, if t	er agree to coi im familiar wi his document	nply v ith and is bei	l accept ng filed