Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Co	nemorations				
		: (850)617-6383				
From:						
rrom:	Account Name	: C T CORPORATI	ON SYSTEM			
		: FCA000000023				
	Phone	: (954)208-0845				
	Fax Number	: (614)573-3996				
**Enter th	e email address	for this busines	s entity to	be used	for future	2 2 2
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To:

## 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 Statines, 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!

L No	une of the limited liability company: ROSS AVIATIO	NOPERATIONS LLC			
2 (a)		(b) C/O ROSS AVIATION HOLDINGS	i, LLC		
•	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3200 Cherry Creek South Dr. STE 360	3200 CHERRY CREEK DR. S. STE 360			
	DENVER, CO 80209	DENVER, CO 80209			
	05/10/2016	M16000003728			
3.	Date of filing/registration in Florida	4. Document number			
5 <i>1.</i>	CORPORATION SERVICE COMPANY				
5. (a)	Registered Agent and Registered Office shown on the records of	he Florida Dept of State			
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	<del></del>	9B99		
	TALLAHASSEE , FI	32301-2525	9893 K-1-2		
(b)	C.T. Corporation System		7 .		
(07	Enter name of NEW Registered Agent and/or NEW Registered	Office address .	년 PH 12: 2		
	NEW Registered Office Address		ස		
	1200 South Pine Island Road				
	Plantation F1	33324			
the cha agent v was we the arti		the registered office and the business office ability company, it is hereby confirmed that if the limited liability company or as otherw	of the registered the change(s)		
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee			
provisi the obli to mer	by accept the appointment as registered agent and agents on all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered affice address, I d in writing of this change.  CT Corporation System	ee to act in this copacity. I further agree to performance of my duties, and I am familia I for in Chapter 605, F.S. Or, if this docum bereby confirm that the limited hability com Sandra Zwijack - Asst. Secretary	comply with the r with and accep ent is being filed pany has been		