CT CORPORATION

MONDANA

CORPORATION(S) NAME	14/4/100	DUUU	107
Micronair, LLC		-	
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		0000047 -01/15/0 *****25	742002 92010 01023 5.00 *****25.00
() Profit () Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (X) Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	DZ JAN
Name Availability	1/14/02	Order#: 4869024	FILED SSSEE.
Document Examiner Updater Verifier		Ref#:	9: 42 STATE 1.0RIDA
W.P. Verifier		Amount: \$	
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



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.

agent, or both, in the State of			o change his re	Sierer eur off	ice of register	еи
1. The name of the limited 1						<u></u> •
2. The mailing address of the	e infinited hability (company is : _	163 Acorn Lane, Co	olchester, VT ()5446-6612	• · -
	<u>-</u>			¥	,	<u>_</u> .
4/1/97	<u> </u>	# # #0 10	M97000000167			
3. Date of filing/registration	in Florida	· · ·	4. Document nu	mber		_
5. The name of the registered Florida Department of Sta	l agent and the regi te:	stered office a	ddress as shown	on the reco	rds of the	
<u>_K</u>	eith B. Barratt					
		Name		<u> </u>		
<u>11</u>	259 Phillips Parkway l			<u>-</u>		
To	denonville El 22256	Address				
Jac	eksonville, FL 32256 City	, State and Zip		207- 	36 8	-
6. The name and address of the					LAN DEPART	
Alle Marie and address of the	ie new registered a	gent and/or of	nce:			·**}
<u>C1</u>	Corporation System		The state of the s		SSE ANN	
		Name		• •-	ing 🚘	Park to
	O South Pine Island Ro		:	亭	<u> </u>	٠.
r:	orida street addres	s (P.O. Box N	OT acceptable)		M 91 42	
Pla	ntation	FL_33324	<i>«</i> .		₹> 	-
	City, S	tate and Zip		*-		-
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the (Signature of a member or authorized re	registered agent wi confirmed that the bility company or a limited liability co	ade, the Florid Il be identical change(s) was as otherwise p ompany.	a street address Or, in the case s/were authorize rovided in the ar	of the regist of a Florida	tered office limited	f
Mary G. Powell, Mar	nagar :					
(Printed or typed name of signee)	IdgCI	· <u>**</u>		p -	-	
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this d address, I hereby confirm that C T Corporation System (Signature of Registered Agent)	ent as registered agall statutes relative get the obligations ocument is being fithe limited liability	of my positio led to merely company has	n as registered a reflect a change been notified in	egent as pro in the regis writing of t RTELETTI	of my duties, vided for in tered office this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00