

ACCOUNT NO.

072100000032

REFERENCE :

877706

4387819

AUTHORIZATION

COST LIMIT

ORDER DATE: October 26, 2000

ORDER TIME: 10:11 AM

ORDER NO. : 877706-065

CUSTOMER NO:

4387819

CUSTOMER:

Sara Weisser, Legal Assistant

Day & Zimmermann 1818 Market Street

Law Department 22nd Floor Philadelphia, PA 19103

CHANGE OF AGENT

600003451826--0

NAME:

AIRMATE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

SUPPLICIENCY OF FILING

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. The name of the limited liability company is: AI	RMATE LLC	
2. The mailing address of the limited liability compa	any is :	
1818 Market Street, Philadelphia, PA 1	9103	717 3EC 00 N
November 13, 1998	M98000001337	
3. Date of filing/registration in Florida	4. Document numb	E PH ED
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
Florida Department of State:		25 T
		A
•	me	
	ne Island Road	
	Iress	
Plantation City State	, FL 33324 e and Zip	
•		
6. The name and address of the new registered agent	and/or office:	
Corporation Se	rvice Company	
Nam	ie .	
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee FI	32301	
City, State		
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)		
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability conformation Service Company (Signature of Registered Agent) Carol K. Dolor, Asst.		city. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)