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R. WHITE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

•				
	ACCOUNT NO.	:	I2000000	0195
	REFERENCE	:		_
	AUTHORIZATION	:	Spell	Delenan
	COST LIMIT	:	\$ 35.00	- Kan
ORDER DATE :				
ORDER TIME :	10:49 AM			
ORDER NO. :	200188-005			
CUSTOMER NO:	8188658			
				
CHANGE OF AGENT				
NAME:	ASOCIACION LA TRANSPORTE AE			A DE
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FI	LING:
	FIED COPY			
XX PLAIN	STAMPED COPY			
CONTACT PERSO	N: Roxanne Turne	r	- EXT#	

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ASOCIACION LATINOAMERICANA DE TR	ANSPORTE AEREO, CORP.				
0000	Name of Cor	poration				
DOCU	N0400006354 UMENT NUMBER:					
The en	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter	to the following:				
	DE OLIVEIRA, LUIS FELIPE					
	Name of Cont	act Person				
	Asociacion Latinoamericana de Transporte Aereo, Corp.					
	Firm/Con	npany				
	6355 NW 36th STREET, SUITE 601					
	Addre	SS				
	MIAMI- FL 33166					
	City/State and	Zip Code				
	loliveira@alta.aero					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please ca	III:				
Johnny Gallardo		786 3880222				
	Name of Contact Person	at () Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable to the Departm	nent of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for	ns 607.0502, 617.0502, r a corporation organiz stered office or register	ed under the laws	s of the State of F	=L			
	- •	OCIACION LATINOAN	C	v			٥.	
2. The principal	office address:	TE 601 MIAMI, FL 331	,					
=	address (if different) 36TH STREET, SU): JITE 601 MIAMI, FL 3	3166					
4. Date of incorp	poration/qualification	on: 6/25/2004	Document m	umber: N040000	0635	54		
5. The name and	d street address of th	ne current registered ago esigned, enter resigned	ent and registered					
•	DE OLIVEIRA, LU		,					
	6355 NW 36TH ST	TREET SUITE 601 M	IAMI, FL 33166					
						<u> </u>	ಪ	
6. The name and (if changed):	d street address of th	ne new registered agent	(if changed) and	or registered off	ice	MI THE STATE OF TH	MAY -9	A STATE OF THE STA
	Corporation Service	ce Company				San	*	TA U
	1201 Hays Street						(<u>#</u>	امرينده ^۱
	* 1. 1.	P.O. Box NOT ac	•			3.4	•)	
	Tallahassee		FL (32301				
The street address changed will	ess of its registered be identical.	office and the street ac	ldress of the busi	ness office of its	; regi	stered a	gent,	
Such change was authorized by th	as authorized by res	solution duly adopted b poration has been notif	y its board of dir ned in writing of	ectors or by an o	office	er so		
	M		LUIS FELIPE DE	OLIVEIRA	Exe	ecutive C	Directo	or .
Signatu	ire of an officer or director	-	Printed	or typed name and title	=			
i juriner agree i performance of agent. Or, if th hereby confirm	to comply with the i	s registered agent and a provisions of all statut n familiar with and acc g filed merely to reflec n has been notified in v	es reintive to the	proper and com-	plete as re e add	egistered Iress, I	1	
By: CUC	acture of Registered Agent	unu	5	0 201 Date	8	- , , , , , , , , , , , , , , , , , , ,		
If signing on be	half of an entity:	Roxanne Turne Asst. Vice Preside						
n.	yped or Printed Name							
*.								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (03/12)