| Pangea/Aevo Dala Requester's Name 620 NW 35 Hr St Address Boca Ratan, Pl | Source Source 3343/ None # OCUMENT NUMBER(S), (i | 3000040158038 -04/18/0101089015 ***** 3 5.00 **** 3 5.00 Office Use Only 35.00 |
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| ☐ Mail out ☐ Will wait | Photocopy | Certificate of Status |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name | AMENDMENTS Amendment Resignation of R Change of Regis Dissolution/With Merger REGISTRATION/O Foreign Limited Partners | hdrawal QUALIFICATION |
| CR2E031(7/97) | Reinstatement Trademark Other | T. APR 2 5 2001 Examiner's Initials |

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT FOR FLORIDA CORPORATION.

Pursuant to the provisions of section 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office and registered agent in the State of Florida.

- 1a. The name of the corporation is: Aero DataSource, Inc.
- 1b. Date of incorporation 05/30/2000

Document Number: P00000052330

2. The name and address of the current registered agent and office:

WILLIAM R. BURDETTE 4510 INGRAHAM HIGHWAY CORAL GABLES, FL 33133

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

ROBERT W. FESSLER 620 NW 35TH STREET BOCA RATON, FL 33431

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by decision of a majority-in-interest of the members of the

Robert W. Fessler, Chairman

April <u>/2</u>, 2001

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTE RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

Registered Agent)

DATE: APRIL <u>/2</u>, 2001

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