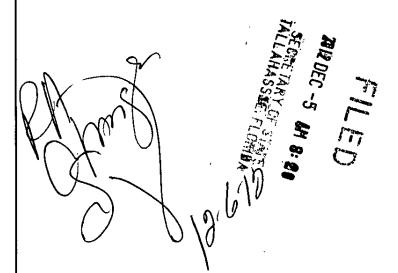
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NAME:

AIR GENERAL INC.

TYPE OF FILING: CHANGE OF AGENT

COST:

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RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

	provisions of sections 607.05					1		
	mge is submitted for a corpor r to change its registered offic			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u>		
1. The name of t	ne of the corporation: AIR GENERAL INC.							
2. The principal	office address:							
403 THE HILL			PORTSMOUTH	NH	1 03801			
3. The mailing a	ddress (if different):							
···	403 THE HILL		PORTSMOUTH	MOUTH NH 03801				
4. Date of incorp	poration/qualification: Ju	ly 9, 1984	Document number:	umber: P02638				
	I street address of the current timent of State: (If resigned, et		at and registered office on fil	e with the				
	CT Co	rporation	System		4			
	1200 Sou	th Pine Is	land Road		ALL!	317		
	Planta	tion, FL	33324		NE TAI	DEC -		
6. The name and (if changed):	street address of the new reg	istered agent (i	f changed) and /or registered	l office	SEE. FL	-5 S		
	National Corpora	te Resea	rch, Ltd., Inc.			69		
	155 Office Plaza	Drive		,	THE PARTY	-		
		P.O. Box NOT acce	ptable					
	Tallahassee, FL	32301						
The street addre	ss of its registered office and be identical.	the street add	ress of the business office o	of its registe	red ager	ıt,		
Such change wa authorized by th	s authorized by resolution du e board, or the corporation h	ily adopted by as been notifie	its board of directors or by d in writing of the change.	an officer s	0			
Signatur	re of an officer or director	<u> </u>	Patrick Maloney, Trea					
	the appointment as registere o comply with the provisions my duties, and I am familiar s document is being filed me that the corporation has been	d agent and ag of all statutes with and acce rely to reflect i notified in wi			stered ss, I			
19/1	nature of Registered Agent	<u> </u>	12-05	-2012	<u> 2</u>			
	half of an entity:		Late					

Mark Thomas, Assistant Secretary

Typed or Printed Name

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