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To:

Division of Corporations

Fax Number : (850)617-6380

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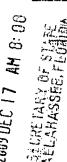
Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

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**Enter the email address for this business entity to be used for $\overline{\underline{\underline{z}}}$ annual report mailings. Enter only one email address please

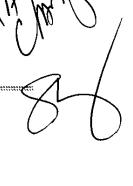
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REGISTERED AGENT CHANGE PINNACLE AIRLINES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

12/80,



12/17/2009

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

	DDD14CLE 4TO	BIRG BIG	
1. The name	of the corporation: PINNACLE AIRI	JINES, INC.	
2. The princip	pal office address: 1689 Nonconnah B		
3. The mailin	g address (if different):		
4. Date of inc	orporation/qualification: 07/30/1987	Document number: P1540)3
	and street address of the current registere partment of State:	d agent and registered office on file	with the
	CT Corporation System		
	1200 S. Pine Island Road		200 TAES
	Plantation, FL 33324		ORE CRE
6. The name a	and street address of the new registered a l):	gent (if changed) and /or registered o	
	Corporation Service Company		
	1201 Hays Street		ORIGINA ORIGINA II: 4.8
	(P.O. Box NOT accepts	ble)	
	Tallahassee, FL 32301		
The street addas changed w	dress of its registered office and the stre ill be identical.	eet address of the business office of	fits registered agent
Such change authorized by	was authorized by resolution duly ador the board, or the sprigoration has been	nted by its board of directors or by a notified in writing of the change.	an officer so
Blanca Lozada, Attorney in fact		fact	
1	nature of an officer by director)	(Printed or typed name an	•
corporunon i	pt the appointment as registered agent te to comply with the provisions of all s and I am familiar with and accept the seing filed merely to reflect a change in us been notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and co obligation of my position as registed the registered office address, I her ge.	omplete performanc red agent. Or, if thi reby confirm that the
By:	tion Service Company (Signature of Registered Agent)	12/17/2009 (Date)	
	behalf of an entity:	(Date)	
II SIKIMIK OU	- · · · · · · · · · · · · · · · · · · ·		
	rby, Assistant VP		

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