P97006659361

| (Re | questor's Name) | | | | |
|---|-------------------|-------------|--|--|--|
| . (Ad | dress) | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | _ | | | |
| | | | | | |
| | | | | | |
| | ··· | | | | |

Office Use Only



600286931946

06/27/16--01018--011 **35,00

SECRETARY OF STATE

JUN 3 0 2016 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: June 23, 2016

Order#: 188716/001

Re: AIR PARTNER, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| statement of ch | ange is submitted for a co | rporation orga | 02, 607.1508, or 617.1508, Florida Sta nized under the laws of the State of <u>FL</u> tered agent, or both, in the State of Flo | ORIDA | _ | |
|--|---|--|---|-----------------------------------|---------|---|
| 1. The name of | the corporation: AIR PAR | RTNER, INC. | | | | |
| | l office address: VAGENER BLVD SUITE | | ERDALE, FL 33315 | . <u></u> | | |
| 3. The mailing | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 07 | 7/08/1997 | Document number: P97000059 | 9301 | | |
| | d street address of the cur artment of State: (If resign | | agent and registered office on file with ned) | the | | |
| | BUSINESS FILINGS IN | D | 三岁 | 221 | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | 20 20 | JUH 2 | |
| | Plantation | | FL 33324 | ASSE | ~ | , |
| 6. The name an (if changed): | | v registered age | ent (if changed) and /or registered office | of STATE e | PH I: X | |
| | Corporation Service Co | mpany | | ₩ (1) |) (| |
| | 1201 Hays Street | | | | | |
| | 1.1111 | P.O. Box NO | • | | | |
| | Tallahassee | | FL 32301 | | | |
| The street addr | ess of its registered office l be identical. | e and the street | address of the business office of its re | egistered ag | ent, | |
| Such change wauthorized by | as authorized by resolution by broad, or the corporati | on duly adopte ion has been no | d by its board of directors or by an off tified in writing of the change. | icer so | | |
| | 100 | | Dona Priebe | Vice Preside | ∍nt | |
| I further agree performance of agent. Or, if th hereby confirm Corporation | to comply with the provis | sions of all stat iliar with and d d merely to ref | | ete s registered address, I | _ | |
| By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | gnature of Registered Agent | كالر | 06/23/2016 Date | | _ | |
| | chalf of an entity: | ` | | | | |
| Grace E. Kirby | , Assistant Vice Presiden | t | | | | |
| T | Typed or Printed Name | | | | | |

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