P97000072726

| (Rec | uestor's Name) | |
|---------------------------|------------------|-----------|
| · · · · · · | , | |
| (Add | iress) | |
| | | |
| (Add | Iress) | |
| · (City | /State/Zip/Phone | = #1) |
| (Oily | rotatorziph none | <i>,</i> |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bus | iness Entity Nan | ne) |
| | | |
| (Doo | ument Number) | |
| | | |
| Certified Copies | Certificates | of Status |
| <u> </u> | | |
| Special Instructions to F | iling Officer: | |
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Office Use Only



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RACharge

04/24/08--01028--016 **35.00



ASP Asplor

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Orlando Air Link, Incorporated (Name of Corporate) | noestion) | | | | |
| (Name of Corp | poration) | | | | |
| DOCUMENT NUMBER: P97000072726 | | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Luis A. Irizarry | | | | | |
| (Name of Contact Person) | | | | | |
| | | | | | |
| Orlando Air Link, I | ncorporated | | | | |
| (Firm/Company) | | | | | |
| | | | | | |
| 218 S Park Aveni | ue | | | | |
| (Address) | | | | | |
| | | | | | |
| Sanford, Florida 3 | 2771 | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Luis A. Irizarry | at (787) 752-7621 | | | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| Mailing Address: | Street Address: | | | | |
| Amendment Section | Amendment Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| P.O. Box 6327 | Clifton Building | | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | | |
| | Tallahassee, FL 32301 | | | | |

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

| statement of cha | provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga ir to change its registered office or regist | nized under the laws of the State o | of Florida |
|---|---|--|---|
| 1. The name of t | the corporation: | Orlando Air Link, Incorporat | ted |
| 2. The principal | office address: 218 S Park Avenue | | |
| | Sanford, Florida 32771 | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 08/20/1997 | Document number: P970 | 00072726 |
| | I street address of the current registered a treet of State: | agent and registered office on file | with the |
| | Paul Pent | | |
| | 35 Rohde Avenue | | 2008 SE |
| | St. Augustine, Florida 32084 | | APR T |
| 6. The name and (if changed): | d street address of the new registered age | ent (if changed) and /or registered | FILED 2008 APR 24 PH 4: 42 SECRETAINS DE SEATE TAPLEMASSEE FLORID |
| | Jose M. Patin | | — Cost |
| | 218 S. Park Avenue | | or N |
| | (P.O. Box NOT acceptable | 2) | |
| | Sanford, Florida 32771 | | |
| The street address changed will | ess of its registered office and the street be identical. | address of the business office of | of its registered agent, |
| Such change was authorized by the | as authorized by resolution duly adopte ne board, or the corporation has been no | ed by its board of directors or by otified in writing of the change. | an officer so |
| | () turning of an officer or director) | Jose M. Patin | and title) |
| I further agree to of my duties, an document is bei | the appointment as registered agent at of comply with the provisions of all stated I am familiar with and accept the object a change in the been notified in writing of this change | tutes relative to the proper and c ligation of my position as registe he registered office address. I he | complete performance ered agent. Or, if this ereby confirm that the |
| Jon M | 1. Vater | April 18, 2008 | |
| • | gnature of Registered Agent) | (Date) | |
| If signing on be | half of an entity: | | |
| T) | 'yped or Printed Name) | | |

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

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