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JN ISJON OF

Division of Corporations

Fax Number

: (850)205-0380

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone

: (770)777-2091

Fax Number

: (770)220-1943

REGISTERED AGENT CHANGE

AIRPLANES, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.05 inge is submitted for a corpo				
,	r to change its registered off	***	~		
1. The name of the corporation: AIRPLANES, INC.					
2. The principal	office address: 2000 N.E.	JENSEN BEAC	H BLVD.		
	BEACH FL 34957 US				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 03/06	8/1991	Document number: S3	5817	
5. The name and	l street address of the current trnent of State:				
	NATIONAL REGIS	STERED AGE	ENTS, INC.		
	2731 EXECUTIVE	PARK DR S	TE 4		
•	WESTON FL 3333	1			
6. The name and (if changed):	i street address of the new re	gistered agent (if c	hanged) and /or registered		
	NRAI Services, Inc	•		06 OC	
	2731 Executive Pa		te 4	TAR ASS	
	هرون.هم Weston, FL 3333 -	NOT acceptable)		EEX - M	
The street addre	ess of its registered office ar be identical.	d the street addre	ss of the business office	of its registered agent,	
Such change was authorized by the	as authorized by resolution one board, or the corporation	duly adopted by it has been notified	s board of directors or b in writing of the change	y an officer so	
	ire of an officer or director)		(Printed or typed name	•	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as register to comply with the provision of I am familiar with and ac ng filed merely to reflect a been notified in writing of	ed agent and agriss of all statutes re cept the obligatio change in the regi this change.	ee 10 act in this capacity clative to the proper and n of my position as regis stered office address, I t	complete performance tered agent. Or, if this tereby confirm that the	
(Signature of Registered Agent) (Date)			150/2006		
(5)	half of an entity:		(Date)	•	
	·	on.			
	alik, Assistant Secret Typed or Printed Name)	ai y			

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

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