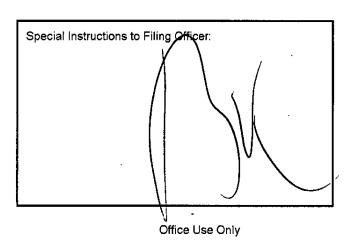
M07000005835

	(Req	uestor's Name)	
	(Addı	ess)		
	•	ŕ		
·	(Addı	ress)		
	(, , , , , , , , , , , , , , , , , , ,			
	(City/	State/Zip/Pho	ne #1	
	(Oity)	Otato/Zip/i 110	110 # <i>j</i>	
PICK-U	Ρ	MAIT	MAIL	
	,		_	
	(Rusi	ness Entity Na	ame)	
	(Dasi	11033 Entity 14	arrio)	
	(Doc	ıment Numbe	r)	
	(DOC)	annent Numbe	יי	
Cartified Carios		Contificati	a of Ctatus	
Certified Copies		Сеппсат	es of Status	—





500108431625

10/31/07--01001--020 **100.00

MECEIVED

O7 OCT 30 PM 4: 49

Mishan Salaharanana

O7 OCT 30 AM 8: 22
SECRETARY OF STATE



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

October 30, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

CHURTHAL	Apollo Avi	ation Lease Management, LLC	
Filing Evidence ☑ Plain/Confirmation	on Copy	Type of Docum ☐ Certificate of Sta	ent tus phase the second and the sec
. □ Certified Copy		□ Certificate of Go	od Standing
		□ Articles Only	FLORITE STATE
Retrieval Reque	<u>est</u>	□ All Charter Docu Articles & Amen □ Fictitious Name	
□ Certified Copy		□ Other	
NEW FILINGS		AMENDMENTS	
Profit		Amendment	
Non Profit		Resignation of RA Officer/Director	
Limited Liability	X	Change of Registered Agent	
Domestication		Dissolution/Withdrawal	
Other	<u> </u>	Merger	
			1
OTHER FILINGS		REGISTRATION/QUALIFICATION	
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement	
Reinstatement	<u> </u>	Trademark	
		Other	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limits	ed liability compa	any is: Apollo Aviatio	on Lease Management, LLC	•
2. The mailing address o	f the limited liab	ility company is : 8	48 Brickell Avenue, Suite	900
Mlami, FL 33131				·
September 28, 2007			M07000005835	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of		e registered office a	address as shown on the	records of the
•	Robert F.Con	rad		
·	848 Brickell Av	Name renue, Sulte 900		07 OCT 30 SECRÉTAR TALLAHASS
	Mlami, FL 331	Address 131	*	T 30 ETAF
		City, State and Zip	5	SE I
6. The name and address	of the new regist	ered agent and/or o	ffice:	30 A 8: 22 TARY OF SIA
	Hector Figuera	ıs		验 22
,	848 Brickell Ave	Name enue, Suite 900		DE
•	Florida street a	address (P.O. Box N	(OT acceptable)	
	Mlami	FL 33131	I	
	(City, State and Zip		•
If the limited liability con confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement.	nange or changes the registered ag reby confirmed to nited liability cor at of the limited I	s are made, the Flor gent will be identica hat the change(s) w mpany or as otherw iability company.	ida street address of the s il. Or, in the case of a Fl as/were authorized by ar	registered office lorida limited n affirmative vote
(Signature of a member or author	ized representative of	a member)		
William D. Hoffman (Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm		ered agent and agre relative to the prope gations of my posit being filed to merel liability company h	ee to act in this capacity. Frand complete perform Ion as registered agent a y reflect a change in the as been notified in writin	I further agree to ance of my duties, is provided for in registered office ig of this change.
(Signature of Registered Agent)	ere -			
Divisio	n of Corporatio	ons, P.O. Box 6327,	, Tallahassee, FL 32314	4 .

FILING FEE: \$25.00

INHS18 (8/05)