

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name Account Number : FCA000000023

: C T CORPORATION SYSTEM

Phone

: (850)222-1092

Fax Number

: (850)878-5926



REGISTERED AGENT CHANGE

AERCAP, INC.

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, th tage is submitted for a corporation organized under the laws of the State of Delaware or to change its registered office or registered agent, or both, in the State of Florida.	nis D	
1. The name of t	the corporation: Aereap, Inc.		
2. The principal	office address: 100 NE Third Avenue, Suite 800		
	Fort Lauderdale, Fl. 33301		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 6/23/2000 Document number: F00000003581		
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	'	
	Blanco Alicia		
	100 NE Third Avenue, Suite 800		
	Fort Lauderdale, Fl. 33301	4	
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered office	2008 NOV	ח
	C'T Corporation System	126 TAR	=
	c/o C T Corporation System, 1200 South Pine Island Road	Y PF	Ш
	(P.O. Box NOT acceptable)	41.5.2	D
	Plantetion, Florida 33324		
The street address changed will	ess of its registered office and the street address of the business office of its register be identical.	ed agent,	
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.)	
Signatu	Maria Knutsen-Pugh Secretarian (Printed or Types name and (Me)	etan as l	Si rector
I hereby accept I further agree to of my duties, and document is bein cokporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete per d I am familiar with and accept the obligation of my position as registered agent ng filed merely to reflect a change in the registered office address. I hereby confirm been notified in writing of this change.	formance Or, if this n that the	
By: Wal	C T Corporation System 11/26/08 (Insture of Registered Agent)		•
	half of an entity:		

Madonna Cuddiny

Special Assistant Secretary *** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)