

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 : C T CORPORATION SYSTEM
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REGISTERED AGENT CHANGE

AERCAP LEASING USA II, INC.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Connecticut in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Arcap Leasing USA II, Inc.
2. The principal office address: 100 NE Third Avenue, Suite 800
Fort Lauderdale, FL 33301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/23/2000 Document number: FD0000003586
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Blanco Alcala
100 NE Third Avenue, Suite 800
Fort Lauderdale, Florida 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Box NOT acceptable)
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

Maria Knutson-Pugh Director
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

CT Corporation System
By: Barbara A. Burke
(Signature of Registered Agent)

11-19-08
(Date)

If signing on behalf of an entity:
Barbara A. Burke
Special Assistant Secretary
(Typed or Printed Name)

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
C'R2E043 (8/05)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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