Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205~0380

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

AERO CAC SPE CORP.

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Cornerate Filing

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

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of	f change is submitted for a corporation organized under the laws of the State of
Dolaware	in order to change its registered office or registered agent, or both, in the State
of Florida.	
1. The name of	the corporation: AERO CAC SPE CORP.
2. The principal	office address: 50 NORTH WATER STREET C/O GREENFIELD PARTNERS, LLC
NORWALK	T 06854
3. The mailing	address (if different):
4. Date of incom	poration/qualification: 09/27/2001 Document number: P01000005075
	d street address of the current registered agent and registered office on file with the
	NRAI SERVICES, INC.
	526 E. PARK AVE.
	TALLAHASSEE FL 32301
6. The name an changed):	nd street address of the new registered agent (if changed) and /or registered office (if
	C T Corporation System
	c/o C T Corporation System
•	(P.O. Box or personal mailbox NOT acceptable)
-	1200 South Pine Island Road, Plantation, Florida 33324
The street addresses, as chang	ess of its registered office and the street address of the business office of its registered ed will be identical.
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
D-7	challman of vice charman of the beard) Other Charles of typed name and trice (Primed or typed name and trice)
I hereby accept I further agree i performance of registered agen office address, i	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 my duties, and I am familiar with and accept the obligation of my position as t. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change. Carporation System
By:	Shacy Resential 2-9-04 (Date) For an entity: Resent Al V. Pres + Secretary (pod. or Printed Name)
If signing on behalt	f of an entity:
<u>Stacy</u>	Kusenthal V. Kres + Secretary
(L)	yped or Printed Name) (Capacity)

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, *Tailahassee*, FL 32314

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