## 19400032834

(Requestor's Name)		
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(4.2.2		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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104-32834



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SECRETARY OF STATE

88. Thomas APR 2 1 2008

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Richmark Aircraft Leasing, LLC (Name of Lin	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Mitchell B. Kirschner, Esq. (Name of Person)	
Mitchell B. Kirschner, P.A.	& & & & & & & & & & & & & & & & & & &
(Firm/Company)	
1515 North Federal Highway, Suite 314	OB APR 18 AN IO: LA
(Address)	
Boca Raton, FL 33432 (City/State and Zip Code)	
For further information concerning this matter,	, please call:
Mitchell B. Kirschner (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
🗓 \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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 limited liability company is: _	Richmark Aircraft Leasing, LLC	
2. The mailing address of the limited liability com	pany is: 1515 North Federal Highway, Suite 306,	
Boca Raton, FL 33432		
4/30/04	L04000032834	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registe Florida Department of State:	red office address as shown on the records of the	
HRAWG Corp.		
1	Name	
<u>1801 North Military</u> A	Trail, Suite 200 ddress	
Boca Raton, FL 33431		
City, S	tate and Zip	
City, State and Zip  6. The name and address of the new registered agent and/or office:  Mitchell B. Kirschner, P.A.  Name		
Mitchell B. Kirschner, P.A.		
Name 1515 North Federal Highway, Suite 314		
Florida street address (	Highway, Suite 314 P.O. Box NOT acceptable)	
Boca Raton,	FL 33432	
City, Sta	te and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the c	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization	
(Signature of a member or authorized representative of a member)		
Mark A. Gensheimer; Member (Printed or typed name of signee)	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.	
(Signature of Registred Agent) Mitchell B. Kirschner	ed to merely reflect a change in the registered office company has been notified in writing of this change.  Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

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