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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Richmark Aircraft Leasing			·
(Name of	Limited Liability	(Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change at	nd fee(s) are submitted for filing	g.
Please return all correspondence concerning	g this matter to th	e following:	_
Mitchell B. Kirschner, Esq.			08 APR 18 T
(Name of Person)			题。
Mitchell B. Kirschner, P.A.		•	SE PIC
(Firm/Company)			語
1515 North Federal Highway, Suite 314	4		
(Address)			
Boca Raton, FL 33432	•		
(City/State and Zip Code)			
For further information concerning this mat	tter, please call:		
Mitchell B. Kirschner	at (347-0000	
(Name of Person)		rea Code & Daytime Telephon	e Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regisi Divisi P.O. E	tration Section on of Corporations Box 6327 hassee, Florida 32314	
Enclosed is a check for the followi	ing amount:		
X \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR \checkmark . 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 A	ircraft Leasing V, LLC			
2. The mailing address of the limited liability company is:l	515 North Federal Highway, Suite 306			
Boca Raton, FL 33432				
6/29/04	L04000048921			
	Document number			
5. The name of the registered agent and the registered office add Florida Department of State:	ress as shown on the records of the			
HRAWG Corp.				
Name	g			
1801 North Military Trail, Suite 2	<u>00</u>			
Address	<u> </u>			
Boca Raton, FL 33431 City, State and Zip				
•	86.5 E			
6. The name and address of the new registered agent and/or office	08 APR 18 AM 10: 29 SECRETARY OF STATE FLORED SECONDARY OF STATE FLOR			
Mitchell B. Kirschner, P.A.	2 2 2 3			
Name				
1515 North Federal Highway, Suite 314				
Florida street address (P.O. Box NO	T acceptable)			
Boca Raton, FL 33432	•			
City, State and Zip				
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was/of the members of the limited liability company or as otherwise or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	o street address of the registered office Or, in the case of a Florida limited (were authorized by an affirmative vote			
Mark A. Gensheimer, Member (Printed or typed name of signee)				
I hereby accept the appointment as registered agent and agree comply with the provisions of all statutes relative to the proper of and I am familiar with and accept the obligations of my position Chapter 608, F.S. Gy, if this document is being filed to merely raddress, I hereby confirm that the limited liability company has (Signature of Registered Agent)	to act in this capacity. I further agree to and complete performance of my duties, as registered agent as provided for in reflect a change in the registered office been notified in writing of this change.			
Mitchell B. Kirschner Division of Corporations, P.O. Box 6327, T	allahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (8/05)