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COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: Richmark Aircraft Leasing		
(Name of	Limited Liability Compan	ly)
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s)	are submitted for filing.
Please return all correspondence concerning	this matter to the followi	ng:
Mitchell B. Kirschner, Esq.		
(Name of Person)		7.0
Mitchell B. Kirschner, P.A.		08 APR 18 AM 10: 30 SECRETARY OF STATE TALLAMASSEE FLORID
(Firm/Company)		SAR B
1515 North Federal Highway, Suite 314	1	P. S. S.
(Address)	<u>. </u>	ON SECTION SEC
Boca Raton, FL 33432		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	·
Mitchell B. Kirschner	at (561) 347-00	000
(Name of Person)		& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	ction porations
Enclosed is a check for the followi	ng amount:	,
X \$25 Filing Fee	S55 Filing Fe	e & 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 limit	ed liability company is:	Richmark Aircraft Lea	sing IV, LLC
2. The mailing address of	of the limited liability co	ompany is:1515 North	Federal Highway, Suite 306
Boca Raton, FL 334	32		
6/29/04		L0400	00048922
3. Date of filing/registration in Florida		4. Document number	
5. The name of the regist Florida Department of		stered office address as sho	own on the records of the
	HRAWG Corp.		
		Name	•
	1801 North Milita	ry Trail, Suite 200	<u> </u>
		Address	
	Boca Raton, FL 3	3431	
	City,	State and Zip	_
6. The name and address	of the new registered a	gent and/or office:	OB APR 18 AM 10: 30 SECRETARY OF STATE TALLAHASSEE. FLORID
	Mitchell B. Kirsch	nner, P.A.	
		Name	——————————————————————————————————————
	1515 North Feder	al Highway, Suite 314	
	Florida street addres	s (P.O. Box NOT acceptal	ole)
•	Boca Raton,	FL 33432	音 点 38
	City, S	State and Zip	——— »
confirmed that after the cand the business office of	change or changes are me f the registered agent w	ill be identical. Or in the	lress of the registered office
ma ars		 	
(Signature of a member or autho	rized representative of a memb	er)	
Mark A. Gensheimer, (Printed or typed name of signed			
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. (b) if address, I hereby comfin	pintment as registered and of all statutes relative and accept the obligation this document is being that the limited liability.	gent and agree to act in the to the proper and compless of my position as registe filed to merely reflect a chety company has been notified.	nis capacity. I further agree to ete performance of my duties, ered agent as provided for in ange in the registered office ied in writing of this change.
(Signature of Registered Agent) Mitchell B. Kirschner		_	
Divisi		O. Box 6327, Tallahassee	e, FL 32314

FILING FEE: \$25.00