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(((H10000241671 3)))



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Buter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: diane, baxter@pgrp.net

LLC REGISTERED AGENT CHANGE AEROLEASE 757 MSN 29611, LLC

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Help

Fax Audit # - H10000 2416713

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. Name of the limited liability company: AEROLEASE	757 MSN 29611, LLC	
2. (a) Principal office address of limited liability compa	uny: 2300 West fla	uno Parkuny
(Note: MUST BE STREET ADDRESS)	Plano, Texas 75675	<u></u>
(b) Mailing address of limited liability company:	PO Box 269014,	
(Note: MAY BE POST OFFICE BOX)	Plano, Texas 75026-9014	
1/27/2010	L10000009984	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of		
Registered Agent:	CAPITOL CORPORATE SERV	VICES, INC.
Registered Office Address:	SUITE A	≫ ⁷ , <u>—</u>
S. C.	TALLAHASSEE FL 32301	
		<u>₹</u> ₹ 7
(b) Enter name of NEW Registered Agent and/or N	EW Registered Office address	ייי דרוין ⁻
NEW Registered Agent:	C T Corporation System	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road,	-
MUST BE FLORIDA STREET ADDRESS	Plantation	FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member David Radunsky, Manager, AEROLEASE 757 MSN 29611 MANAGEMENT, LLC, Manager Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability components.	Florida street address of the regentical. Or, in the case of a Flor (s) was/were authorized by an a nerwise provided in the articles on.	gistered office ida limited ffirmative vote of organization
Wall A Mark Williams, AVP C I Corporation Sy	rstem	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

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