Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000241640 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CTPROCOMPLY

Account Number : I20100000053

Phone :

: (608)827-5300

Pax Number

: (608)827-5501

\*\*Enter the email address for this business entity to be used for futing annual report mailings. Enter only one email address please.\*\*

Email Address: diane.baxter@pgrp.net

LLC REGISTERED AGENT CHANGE AEROLEASE 757 MSN 23686, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

D. BRUCE

8 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

. . "

## Fax Audit # - H10000 241640 3

## 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 23686, LLC   |  |
|---|--|--|
| 2. (a) Principal office address of limited liability compa  | ny: 2300 WEST Plano Parkway  |  |
| (Note: MUST BE STREET ADDRESS)  | Plano, Texas 757575  |  |
| (b) Mailing address of limited liability company:   | PO Box 269014,   |  |
| (Note: MAY BE POST OFFICE BOX)  | Plano, Texas 75026-9014  |  |
| 1/27/2010   | L10000009986   |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |
| 5. (a) Registered Agent and Registered Office shown o   | - 200  |  |
| Registered Agent:   | CAPITOL CORPORATE SERVICES, INC.   |  |
| Registered Office Address:  | SUITE A  |  |
|   | TALLAHASSEE FL 32301   |  |
|   | , c = IT   |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>   | EW Registered Office address:  |  |
| NEW Registered Agent;   | C T Corporation System   |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 1200 South Pine Island Road,   |  |
|   | 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 changed of the members of the limited liability company or as oth or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member David Radunsky, Manager AEROLEASE 757 MSN 23686  MANAGEMENT, LLC, Manager  Printed or typed name of signee | Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization  |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and decept the obligations of my r Chapter 608, F.S. Or, if this document is being filed to h address, I hereby confirm that the limited liability compa  | agree to act in this capacity. I further agree to proper and complete performance of my duties, costition as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change |  |
| Mahl Mank Williams, AVP C I Corporation Sys   |  |  |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314<br>FILING FEE: \$25.00   |  |  |

INHS18 (05/08)

Fax Audit # H10000241640 3