

L10000069999

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H10000241663 3)))



H100002416633ABCX

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 : CTPROCPLY
Account Number : I20100000053
Phone : (608)827-5300
Fax Number : (608)827-5501

Enter 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 29607 MANAGEMENT, LLC

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

RECEIVED
10 NOV -5 AM 7:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 NOV -5 AM 11:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu

T. HAMPTON
Help
NOV - 5 2010

EXAMINER
11/5/2010

Fax Audit # - H100002416633

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 29607 MANAGEMENT, LLC
2. (a) Principal office address of limited liability company: 2300 West Plano Parkway
Plano, Texas 75075
 (Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: PO Box 269014,
Plano, Texas 75026-9014
 (Note: MAY BE POST OFFICE BOX)
- 1/27/2010
 3. Date of filing/registration in Florida
- L10000009999
 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>CAPITOL CORPORATE SERVICES, INC.</u>
	<u>135 OFFICE PLAZA DRIVE</u>
Registered Office Address:	<u>SUITE A</u>
	<u>TALLAHASSEE FL 32301</u>
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:	<u>C T Corporation System</u>
NEW Registered Office Address:	<u>1200 South Pine Island Road,</u>
(<u>MUST BE FLORIDA STREET ADDRESS</u>)	<u>Plantation, FL 33324</u>

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


 Signature of a member or authorized representative of a member

David Radunsky, Manager
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Mark Williams, AVP C T Corporation System

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

INHS18 (05/08)

Fax Audit # H100002416633

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 NOV-5 AM 11:09