

NOV-05-2010 15:35

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CTPROCOMPLY
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.****

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
AEROLEASE 757 MSN 29610 MANAGEMENT, LLC**

Certificate of Status	0
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G. MCLEOD

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EXAMINER

Fax Audit # H100002416843

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 29610 MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 2300 West Plano Parkway

(Note: MUST BE STREET ADDRESS)

Plano, Texas 75076

(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

L10000010000

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CAPITOL CORPORATE SERVICES, INC.

Registered Office Address:

155 OFFICE PLAZA DRIVE

SUITE A

TALLAHASSEE FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road,

(MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

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 signer

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, AVPT Corporation System

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)

Fax Audit # - H100002416843