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Division of Corporations Electronic Filing Cover Sheet

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(((H10000241625 3)))



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LLC REGISTERED AGENT CHANGE AEROLEASE 757 HOLDINGS MANAGEMENT, LLC

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

Electronic Filing Menu Corporate Filing Menu

J. BRYAN

NOV -8 2010

Fax Audit # H100002416253

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 HOLDINGS MANAGEM | IENT, LLC |
|--|--|---|
| 2. (a) Principal office address of limited liability compa | my: <u>3300 W05</u> | + Plano Parkuny |
| (Note: MUST BE STREET ADDRESS) | Plano, Texas 75075 | |
| (b) Mailing address of limited liability company: | PO Box <u>269014</u> , | |
| (Note: MAY BE POST OFFICE BOX) | Piano, Texas 75026-9014 | |
| 1/27/2010 | L10000010020 | ONO |
| 3: Date of filing/registration in Florida | 4. Document number | 验了 |
| 5. (a) Registered Agent and Registered Office shown of | | |
| Registered Agent: | CAPITOL CORPORATE S | |
| Registered Office Address: | SUITE A | 05 0, |
| | TALLAHASSEE FL 32301 | <u> </u> |
| NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | C T Corporation System 1200 South Pine Island Road, | |
| | Plantation | ,FL <u>33324</u> |
| 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. | Florida street address of the entical. Or, in the case of a F | registered office lorida limited |
| Signature of a member or authorized representative of a member | -) | |
| David Radunskyr Manager Printed or typed name of signee | _ | |
| 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 accept the obligations of my i Chapter 608, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa | l agree to act in this capacity proper and complete perforn position as registered agent nerely reflect a change in the nny has been notified in writi | e. I further agree to nance of my duties, as provided for in a registered office ng of this change. |
| Jull d Mank Williams, AVPC 1 Corporation Sy | | |
| Division of Cornerations P.O. Roy | | 1.4 |

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

INHS18 (05/08)

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