

10000023372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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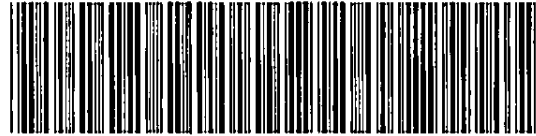
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

OCT 10 P 2:22

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D. SCOTT  
OCT 11 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAG XV LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randi Walz

\_\_\_\_\_  
Name of Person

Fafinski, Mark & Johnson, P.A.

\_\_\_\_\_  
Firm/Company

775 Prairie Center Drive, Suite 400

\_\_\_\_\_  
Address

Eden Prairie, Minnesota 55344

\_\_\_\_\_  
City/State and Zip Code

randi.walz@fmjlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randi Walz

952

995-9500

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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2017 OCT 10 P 2:22  
TALLAHASSEE, FLORIDA

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

**JAG XV LLC**

1. Name of the limited liability company: JAG XV LLC
2. (a) 401 East Olas Boulevard  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Suite 1700  
Fort Lauderdale, Florida 33301
- (b) 401 East Olas Boulevard  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Suite 1700  
Fort Lauderdale, Florida 33301
3. March 2, 2010  
Date of filing/registration in Florida
4. L10000023372  
Document number

5. (a) John Evans  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
401 East Olas Boulevard

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 1700  
Fort Lauderdale 33301  
, FL

- (b) Nordic Aviation Capital Inc.

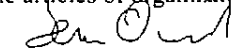
Enter name of NEW Registered Agent and/or NEW Registered Office address:

401 East Olas Boulevard

NEW Registered Office Address:  
Suite 1700

Fort Lauderdale 33301  
, FL

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

Søren M. Overgaard

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 605, 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.



Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA