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.

(((H11000061242 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

Fax Number

: (608)827-5300 : (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 22210 MANAGEMENT, LLC

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

J. SAULSBERRY **EXAMINER**

MAR 0 9 2011

Electronic Filing Menu

Corporate Filing Menu

Help

tax Wedt # # 1100006 124 23

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 22210 MANAGEMENT	, LLC
2. (a) Principal office address of limited liability compar	ny: 2300 West Plano Parkw	ay,
(Note: MUST BE STREET ADDRESS)	Plano, Texas 75075	
(b) Mailing address of limited liability company:	2300 West Plano Parkway,	· · · · · · · · · · · · · · · · · · ·
(Note: MAY BE POST OFFICE BOX)	Plano, Texas 75075	
3/5/2010	L10000025121	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept	of State:
Registered Agent:	CAPITOL CORPORATE SERV	ICES, INC.
Registered Office Address:	155 OFFICE PLAZA DRIVE	7011 TAL
	SUITE A TALLAHASSEE FL 32301 US	
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:	R -8 TARY ASSEE
NEW Registered Agent:	C T Corporation System	F S 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road,	9: 9:
	Plantation	FL_33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member. David Radunsky, Manager Printed or typed name of signee. I hereby accept the appointment as registered agent and	Florida street address of the registical. Or, in the case of a Florids was/were authorized by an afferwise provided in the articles of by.	stered office a limited irmative vote organization
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particular to the properties of the compart	roper and complete performance osition as registered agent as pri erely reflect a change in the regi ny has been notified in writing of	of my duties, ovided for in stered office this change.

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

Signature of Registered Agent

Mark Williams, AVP C T Corporation System

INHS18 (05/08)

Fax audit #H110000012423