## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H10000241659 3)))



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Email Address: diane.baxter@pgrp.net

## LLC REGISTERED AGENT CHANGE AEROLEASE 757 MSN 25140 MANAGEMENT, LLC

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A. LUNT

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**EXAMINER** 

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## Fax Audit # H10000 241659 3

## 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 limit	ed liability company: AEROLEAS	E 757 MSN 25140 MANAGEME	NT LLC	
2. (a) Principal office	e address of limited liability comp	any: 23xx West Pl	ano Pathuny	
(Note: MUS	T BE STREET ADDRESS	Plano, Texas 750 75		
(b) Mailing addre	ss of limited liability company:	PO Box 269014,	720	
(Note: MAY	BE POST OFFICE BOX)	Plano, Texas 75026-9014	LES ON ON	
5/10/2010		L10000050303	ASS ASS	
3. Date of filing/regi	stration in Florida	4. Document number	E9 🔧	
	gent and Registered Office shown		ept. of State:	
Registered Agent: Registered Office Address:		CAPITOL CORPORATE SERVICES ANC. 155 OFFICE PLAZA DR. SUITE A		
		TALLAHASSEE FL 32301		
NEW Registered Agent:  NEW Registered Office Address:		C T Corporation System  1200 South Pine Island Road,		
	<u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>		1200 South Fine Island Road,	
		Plantation	,FL <u>33324</u>	
confirmed that after it and the business officiability company, it of the members of the or the pperating agree	company is not organized under the change or changes are made, these of the registered agent will be id as hereby confirmed that the change limited liability company or as of the triple of the limited liability company or the limit	e Florida street address of the re entical. Or, in the case of a Flo e(s) was/were authorized by an	egistered office rida limited affirmative vote	
David Radunsky, Mana	<del>·</del>	•		
Printed or typed name of sig				
I hereby accept the a comply with the provi and I am familiar wit Chapter 608, F.S. Oi address, I hereby con	ppointment as registered agent an sions of all statules relative to the h and accept the obligations of my r, if this document is being filed to firm that the limited liability comp	d agree to act in this capacity. proper and complete performa position as registered agent as merely reflect a change in the r any has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.	
U.31	ink Williams, AVP C T Corporation S			
	vision of Componetions D.O. Box			

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

INHS18 (05/08)

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