

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H11000061249 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 : (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. **

Email Address: ____diane.baxter@pgrp.net

LLC REGISTERED AGENT CHANGE AEROLEASE 757 HOLDINGS II MANAGEMENT, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

MUX WWW THILLOWING ...

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 liability company submits the following statement in or agent, or both, in the State of Florida.	.508, Florida Statutes, the unders der to change its registered office	signed limited or registered
1. Name of the limited liability company: AEROLEASE	757 HOLDINGS II MANAGEMENT	r, llc
2. (a) Principal office address of limited liability compa	ny: 2300 West Plano Parkway	
(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	
5/12/2010	L10000051435	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. o	of State:
Registered Agent:	CAPITOL CORPORATE SERVICE	ES, INC.
Registered Office Address:	155 OFFICE PLAZA DRIVE SUITE A	
	TALLAHASSEE FL 32301 US	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	C T Corporation System	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road,	
	Plantation ,F	TL_33324 ·
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 oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registentical. Or, in the case of a Florida (s) was/were authorized by an affir terwise provided in the articles of o	cred office limited mative vote
David Radunksy, 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 p Chapter 608, F.S. Or, if this document is being filed to h address. I hereby confirm that the limited liability compa		ther agree to of my duties, vided for in tered office his change.
Mark Williams, AVP C T Corporation Systignature of Registered Agent	stem	
Division of Cornerations PO Roy 6	327 Tullahassee FL 32314	

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

INHS18 (05/08)

Fax audit # H110000 612493