## 110000067055

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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J. HARRIS

## **COVER LETTER**

то:	Registration Section Division of Corporations						
SUBJI	JAG XVI LLC ECT:						
	Nam	ne of Limited L	iability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	is matter to the	following:				
Rand	ii Walz						
	Name of Person		_				
Fafin	ski, Mark & Johnson, P.A.						
	Firm/Company		_				
775 F	Prairie Center Drive, Suite 400						
	Address		<del></del>				
Eden	Prairie, Minnesota 55344						
	City/State and Zip Code						
randi	.walz@fmjlaw.com						
F	E-mail address: (to be used for future ann	ual report noti	fication)				
For fu	rther information concerning this matter,	please call:					
Rand	li Walz	952 at (	995-9500				
	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		Re Di P.	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	<b>□</b> \$	55 Filing Fee & Certified Copy				
INHSI	8 (2/14)						

## 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.

ı Ma	JAG XVI LLC						
	401 East Olas Boulevard	(b		t Olas Bouleva	ırd		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 1700	(0	(b)  Mailing address of limited liability  (Note: MAY BE POST OFFIC  Suite 1700				
	Fort Lauderdale, Florida 33301		Fort Lauc	derdale, Florida	a 3330	1	
	June 23, 2010		L1000006	7055			
3.	Date of filing/registration in Florida  John Evans	<b>- 4</b> .		Document number	er		
5. (a)	Registered Agent and Registered Office shown on the records of 401 East Olas Boulevard	the Florida	Dept, of State	:			
	Registered Office Address Suite 1700	ADDRESS	2				
(b)	Fort Lauderdale, FL	33301			<b>.</b> 1		
	Nordic Aviation Capital Inc.				); ;; ;;	2017 OCT	eran } ;
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			C	CHECKE
	401 East Olas Boulevard					0	15 7
	NEW Registered Office Address: Suite 1700				t •	йн Ю: 3	
	Fort Lauderdale	33301			**	an	
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin limited	stered office ompany, it is nited liability liability com	and the business hereby confirme company or as o	office o d that th otherwise	f the re e chang	gistered (e(s)
Signa	sture of a member or authorized representative of a member			Printed or typed nan	ne of signo	ec .	
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	perjorm d for in s	ance oj my c Chapter 605	nities, and i am ja . F.S. Or. if this a	amuuar v documen	vun and it is bei	a accept ne filed
Signatu	ire of Registered Agent						