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D. SCOTT QCT 11 2017

## COVER LETTER

	COVER	EETTER	1	
TO: Registration Section Division of Corporations				
JAG XXI LLC SUBJECT:				
	me of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change an	nd fee(s) are submitted for	filing.	
Please return all correspondence concerning the	nis matter to the	e following:		
Randi Walz				
Name of Person		<del></del>		
Fafinski, Mark & Johnson, P.A.				
Firm/Company	-	<del></del>		
775 Prairie Center Drive, Suite 400				
Address		<del></del>		NE.
Eden Prairie, Minnesota 55344				= 7
City/State and Zip Code			1 7.	
randi.walz@fmjlaw.com			SSEE	
E-mail address: (to be used for future an	nual report not	tification)		U
For further information concerning this matter	r, please call:		TALLAHÁSSEE, FLÜRIÖ	#11 0CT 10 P 2:17
Randi Walz	952 at (	995-9500	3.	-
Name of Person		Area Code & Daytime	Telephone Number	<u>.</u>
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314		
Enclosed is a check for the followin	g amount:			
☑ \$25 Filing Fee		\$55 Filing Fee & Certified	d Copy	
INHS18 (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.

1.	Na	me of the limited liability company:					
	(a)	401 East Olas Boulevard		h)	401 Eas	st Ola¦s	Boulevard
<b></b>	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 1700	_ (			(Note:	ddress of limited liability company:  MAY BE POST OFFICE BOX)
		Fort Lauderdale, Florida 33301	<del>-</del> -		Fort Lau	ıderdal	e, Florida 33301
		August 24, 2010		L	.1000008	39001	
3. 5	(a)	Date of filing/registration in Florida  John Evans	4.			Docum	ent number
٥.	(a)	Registered Agent and Registered Office shown on the records of the 401 East Olas Boulevard	ne Florid	la I	Dept. of State	- e:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 1700				-	
		Fort Lauderdale, FL_	33301				
	(b)	Nordic Aviation Capital Inc.					
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	2 8	
		401 East Olas Boulevard				į	TILED  MALLAHASSIE FLORIDA
		NEW Registered Office Address:	_			-	T . T
		Suite 1700					2:
		Fort Lauderdale	33301	ı		- '	RIDA RIDA
the age wa the	cha ent v s/we arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the reg bility c f the lir	ist or mi	ered office npany, it is led liabilit	e and th s hereby y compa npany. Sører	e business office of the registered confirmed that the change(s) any or as otherwise provided in M. Overgaard
	-	ture of a member or authorized representative of a member					or typed name of signee
I li pro the to no	herei ovisi obl mere tifie	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	e to ac perforn I for in ereby c	et i na. Ci coi	n this cap nce of my hapter 605 nfirm that	acity. I duties, o 5, F.S. ( the limi	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been
	_	re of Registered Agent					