Division of Corporations 2/18/2021 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.

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE AEROTHRUST HOLDINGS LEASING, LLC

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FEB 24 2021

M. SOLOMON

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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.

. (a)	5300 N.W. 36TH STREET	(ł	, PO BOX 522236	·
(,		5300 N.W. 36TH STREET (b) PO BOX 522236		
•	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)		Mailing address of lim (Note: May BE Page 1)	
	MIAMI, FL 33166		MIAMI, Ft. 33152-2236	!
	06/06/2012		L12000075402	
•	Date of filing/registration in Florida	-4.	Document number	r
. (a)	MIAMI CORPORATE SYSTEMS, LLC			
	Registered Agent and Registered Office shown on the records of 2555 PONCE DE LEON BLVD.	the Florida	a Dept. of State:	ı
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>S)</u>	
	SUITE 600		·	202
	CORAL GABLES , FL	33134		
(b)	C T Corporation System			1.55 E
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	## 4: 2 07 S [A] 1-1 0811
	NEW Registered Office Address:		·	F. 12
	1200 South Pine Island Road			, ,
	Plantation , F1	33324		
ie chi genti /as/w	limited liability company is not organized under the large 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 of of the lin	istered office and the business ompany, it is hereby confirme nited liability company or as o	office of the registered d that the change(s)
		Day	rid Doerr, President	
Signa	nure of a member or authorized representative of a member		Printed or typed nan	ne of signee
	by accept the appointment as registered agent and agi ions 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	77/21-7/77		amicar will and arcein

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