## 117000087400

| (Requestor's Name)                      |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

2018 AUG 28 PM 1: 3

## **COVER LETTER**

| TO:  | Registration Section Division of Corporations |                                   |  |  |  |  |
|--|---|-----------------------------------|--|--|--|--|
| SUBJI  | Flight Lease XIV, LLC                         |                                   |  |  |  |  |
|  |   | Name of Limited Liability Company |  |  |  |  |
| Dear S   | ir or Madam:                                  |                                   |  |  |  |  |
| The er   | closed Registered Agent/Registered Off        | ice Change and                    | fee(s) are submitted for filing.   |  |  |  |
| Please   | return all correspondence concerning the      | is matter to the                  | following:   |  |  |  |
| Geof   | frey Alexander                                |                                   |  |  |  |  |
|  | Name of Person                                |                                   |  |  |  |  |
|  | Firm/Company                                  |                                   |  |  |  |  |
| 319 (  | Clematis Street, Suite 1006                   |                                   |  |  |  |  |
|  | Address                                       |                                   |  |  |  |  |
| West   | Palm Beach, FL 33401                          |                                   |  |  |  |  |
|  | City/State and Zip Code                       |                                   |  |  |  |  |
| galex  | ander@flightlease.com                         |                                   |  |  |  |  |
|  | E-mail address: (to be used for future ann    | iual report notif                 | ication)   |  |  |  |
| For fu   | rther information concerning this matter,     | please call:                      |  |  |  |  |
| David  | d Manoogian                                   | 330<br>at (                       | 990-0124   |  |  |  |
|  | 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<br>Di<br>P.G                   | AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314 |  |  |  |
| Enclosed is a check for the following amount:  |   |                                   |  |  |  |  |
| \$25 Filing Fee \$   |   |                                   | 55 Filing Fee & Certified 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

| l. Na             | ame of the limited liability company: Flight Lease >  | (IV, L                         | LC  |  |  |
|-------------------|---|--------------------------------|---|--|--|
| 2. (a)            | Flight Lease XIV, LLC   |                                | (b) Flight Lease XI\  | /, LLC   |  |
| 2. (u)            | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _                              | Mailing add   | lress of limited liability company:  1.4Y BE POST OFFICE BOX)  |  |
|                   | 319 Clematis Street, Suite 1006   |                                | 319 Clematis St   | reet, Suite 1006   |  |
|                   | West Palm Beach, FL 33401   | _                              | West Palm Bead  | alm Beach, FL 33401  |  |
|                   | 4/19/2017   |                                | L1700087400   |  |  |
| 3.                | Date of filing/registration in Florida  | 4.                             | Docume  | nt number  |  |
| 5. (a)            |   |                                |   | TILE<br>28<br>28<br>28<br>28<br>28<br>28                       |  |
| • •               | Registered Agent and Registered Office shown on the records of the Florida Dept. of State   |                                |   | 高  |  |
|                   | Geoffrey Alexander  |                                |   | P 2 2  |  |
|                   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |                                |   | Sign of M  |  |
|                   | 324 Datura Street, Suite 252  |                                |   | SEE D  |  |
|                   | West Palm Beach FL  | 3340                           | 1   | R 1:31<br>SSEE. FL   |  |
| (b)               |   |                                |   | •  |  |
| (0)               | Enter name of NEW Registered Agent and/or NEW Registered  | Office                         | address;  |  |  |
|                   |   |                                |   |  |  |
|                   | NEW Registered Office Address:  |                                |   |  |  |
|                   | 319 Clematis Street, Suite 1006   |                                |   |  |  |
|                   | West Palm Beach , FL  | 3340                           | 1   |  |  |
| the chagent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie cre authorized by an affirmative vote of the members of icles or organization or the operating agreement of the autre of a member or authorized representative of a member | `the re<br>ability<br>of the I | gistered office and the company, it is hereby imited liability compand hiability company. | business office of the registered confirmed that the change(s) |  |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect to the registered office address, I hereby confirm that the limited liability company has been notified in writing of this plante.

Signature of Registered Agent