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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

TO: Registration Section
Division of Corporations

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Name of Person

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

~~/\$~~ \$25 Filing Fee

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. Name of the limited liability company: Flight Lease XV, LLC
2. (a) Flight Lease XV, LLC (b) Flight Lease XV, LLC
- Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)
- Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)
- 319 Clematis Street, Suite 1006 319 Clematis Street, Suite 1006
- West Palm Beach, FL 33401 West Palm Beach, FL 33401

3. 9/13/2017 4. L17000191074
- Date of filing/registration in Florida Document number

5. (a) _____
- Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Geoffrey Alexander

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

324 Datura Street, Suite 252

West Palm Beach, FL 33401

- (b) _____
- 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 33401

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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Geoffrey Alexander
Signature of a member or authorized representative of a member

Geoffrey Alexander
Printed or typed name of signer

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 a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Geoffrey Alexander
Signature of Registered Agent

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