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



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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Flight Lease XVI, LLC	_			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the fo	ollowing:		
Geoff	rey Alexander				
	Name of Person	· · ·	_		
	Firm/Company		_		
_	runvcompany				
319 (Clematis Street, Suite 1006				
-	Address		_		
West	Palm Beach, FL 33401		_		
	City/State and Zip Code				
galex	ander@flightlease.com				
Ī	E-mail address: (to be used for future ann	ual report notific	cation)		
For fu	rther information concerning this matter.	please call:			
David	Manoogian	330 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	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	☐ \$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 N	ame of the limited liability company: Hight Lease 2			
2. (a)	Flight Lease XVI, LLC	(b) Flig	(b) Flight Lease XVI, LLC	
2. (4)	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	We	est Palm Beach, FL 33401	
	9/19/2017	L170	000194066	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)			
	Registered Agent and Registered Office shown on the records of a Geoffrey Alexander	he Florida Dept.	of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	324 Datura Street, Suite 252			
	West Palm Beach ,FL	33401	A.A. 28	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	PILED 2018 AUG 28 PM 1: 37 SEURE JAHAS SEE, FL	
	NEW Registered Office Address:			
	319 Clematis Street, Suite 1006			
	West Palm Beach	33401		
the chagent was/v the ar Sign I her provi. the oil to me notifi	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member eby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide relative to change in the registered office address, I see in writing of this change.	the registered ability compared the limited liability liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Confirmed Typel name of signee	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00