2/18/2021



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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## LLC REGISTERED AGENT CHANGE AEROTHRUST HOLDINGS AIRCRAFT AND ENGINE LEASING LLC

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## 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	me of the limited liability company:	gs Ai	eraft and Engine	Leasing, LLC		
2. (a)	5300 N.W. 36TH ST		(b) PO Box 522236			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(b)M	ailing address of limited liabil (Note: MAY BE POST OFF		
	MIAMI, FL 33166		MIAMI, FL	33152-2236		
	10/17/2017	<u> </u>	L1700021470	56		
3.	Date of filing/registration in Florida	4.	i	Document number		
5. (a)	MIAM! CORPORATE SYSTEMS, LLC					
(u)	Registered Agent and Registered Office shown on the records of 2555 PONCE DE LEON BLVD.  Registered Office Address					
	Negotiva Cinternation Inches		<del></del>			
	CORAL GABLES , FL	3313	<u> </u>	The state of the s	2	
(b)	C T Corporation System		٠.	<u> </u>	EB.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	<u>nddress</u> :	•	E 5	
	NEW Registered Office Address:	<u>.</u>			<del>5.</del>	
	1200 South Pine Island Road		·		09	
	Plantation , FL	3332	<b>4</b> ·			
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the r ability of the	egistered office ; company, it is limited liability	hereby confirmed that to company or as otherwise	or me registered he change(s)	
-			David Doerr, Pres	sident		
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of sig	nee	
provisi the obi to mer notifie By: 7	hy accept the appointment as registered agent and agi ins of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d'in writing of this change. C.T. Eopportion System McLack Desagning te of Registered Agent Michael Scraphin, Asst. Secretary	ree to perfo d for hereb	act in this cape rmance of my c in Chapter 605, y confirm that i	icity. I further agree to luties, and I am fumiliar , F.S. Or, if this docume the limited liability comp	comply with the with and accept on is being filed any has been	