M0700004005

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EXAMINER



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SECNETARY OF STATE
ALL AHASSEE, FLORID.



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 255473 7736440

AUTHORIZATION :

COST LIMIT :

ORDER DATE: June 26, 2012

ORDER TIME : 1:45 PM

ORDER NO. : 255473-028

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: AZ AVIATION FINANCE, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: AZ AVIATION F	INANCE, L.L.C.	
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	848 Brickell Avenue, Suite 500, Miami FL 33	3131
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	848 Brickell Avenue, Suite 500, Miami FL 33	3131
07/03/2007	M07000004005	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:	
Registered Agent: CT Corporation System		
Registered Office Address:	1200 S. Pine Island Road Plantation FL 33324	
	3 × × × × × × × × × × × × × × × × × × ×	"Ç" Z
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:	Pipe (486) 401/4/1912 1001/4/1912
NEW Registered Agent:	Corporation Service Company -	1 8
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	and or a
11.1002	Tallahassee ,FL 32301	
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Matter Atter	et address of the registered office and the busine ase of a Florida limited liability company, it is by an affirmative vote of the members of the lim	ss nited
(Signature of a member or authorized representative of a member)		
Maureen Cathell, Authorized Person (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, as as registered agent as provided for in Chapter change in the registered office address, I hereby in writing of this change.	nd I 608, y
By: Sout wight	Sarah Wright, Asst. Vice President	

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