

# MD9000004719

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

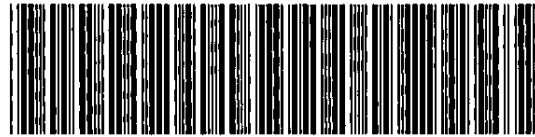
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

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C. LEWIS  
JUN 29 2012  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 255473 7736440

AUTHORIZATION :

COST LIMIT : \$25.00

*[Handwritten signature]*

ORDER DATE : June 26, 2012

ORDER TIME : 1:54 PM

ORDER NO. : 255473-080

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: SQUADRON LEASING II LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS: \_\_\_\_\_

*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.*

2. (a) Principal office address of limited liability company: 848 Brickell Avenue, Suite 500, Miami FL 33131  
(Note: **MUST BE STREET ADDRESS**) \_\_\_\_\_

(b) Mailing address of limited liability company: 848 Brickell Avenue, Suite 500, Miami FL 33131  
(Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_

M09000004719

#### 4. Document number

## CT Corporation System

1200 S. Pine Island Road  
Plantation FL 33324

Corporation Service Company

1201 Hays Street

Tallahassee FL 32301

(Printed or typed name of signee)

By:

INHS18 (05/08)