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T. CLINE
JUN 16 2010
EXAMINER

2010 JUN 15 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Squadron Leasing IV LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pat Reiss

Name of Person

Apollo Aviation Group, LLC

Firm/Company

848 Brickell Avenue, Suite 500

Address

Miami, FL 33131

City/State and Zip Code

patr@apollo.aero

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

For further information concerning this matter, please call:

Pat Reiss

Name of Person

at (305)

759-2340

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

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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 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: Squadron Leasing IV LLC

2. (a) Principal office address of limited liability company: c/o Apollo Aviation Group, LLC



(Note: MUST BE STREET ADDRESS)

848 Brickell Avenue, Suite 500
Miami, FL 33131

(b) Mailing address of limited liability company:



(Note: MAY BE POST OFFICE BOX)

c/o Apollo Aviation Group, LLC

848 Brickell Avenue, Suite 500
Miami, FL 33131

March 16, 2010

3. Date of filing/registration in Florida

M10000001205

4. Document number

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

Registered Agent:

Rhonda S. Polk

Registered Office Address:

848 Brickell Avenue
Suite 500
Miami, FL 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

Hector Figueras

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

848 Brickell Avenue
Suite 500
Miami

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.

William Hoffman
Signature of a member or authorized representative of a member

William Hoffman

Printed or typed name of signee

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 608, 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.

William Hoffman
Signature of Registered Agent

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