M10000002116

	(Requestor's Name)				
	(Address)				
···	(Address)				
7	(City/State/Zip/Phone #)				
PICK-UI	P WAIT MAIL				
(Business Entity Name)					
	(Document Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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1012 JUN 28 PM 4: 3 SECRETARY OF STATE SECRETARY OF STATE

2312 JUN 28 AM 8: 34 SECRETARY OF STAFE ALLAHASSEE, FLORID!

J. SAULSBERRY EXAMINER

JUN 29 2012



CORPORATION SERVICE COMPAN	0 0	RPO	RATION	SERVICE	COMPANY
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ACCOUNT NO. : I2000000195

REFERENCE: 255473

7736440

AUTHORIZATION :

COST LIMIT :

ORDER DATE : June 26, 2012

ORDER TIME : 1:55 PM

ORDER NO. : 255473-086

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: SQUADRON LEASING V LLC

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: SQ	UADRON LEAS	SING V LLC	
2. (a) Pr	incipal office address of limited liabil Note: MUST BE STREET ADDRES	ity company:	848 Brickell Avenue, Suite 50	00, Miami FL 33131
	ailing address of limited liability com Note: MAY BE POST OFFICE BOX		848 Brickell Avenue, Suite 50	00, Miami FL 33131
05/10/20	010		M10000002116	
3. Date o	of filing/registration in Florida	4	. Document number	
5. (a) R	egistered Agent and Registered Office	e shown on th	e records of the Florida Dept.	of State:
Re	egistered Agent:	_	CT Corporation System	
	egistered Office Address:	- -	1200 S. Pine Island Road Plantation FL 33324	TALE CREE
<u>N</u>	nter name of <u>NEW Registered Agent</u> <u>EW</u> Registered Agent: <u>EW</u> Registered Office Address:	-	Registered Office address: Corporation Service Company 1201 Hays Street	28 AM 8 34 ARY OF STATE ASSEE, FLORIDA
(MUST BE FLORIDA STREET A		<u>RESS)</u>	Tallahassee ,	FL_32301
that after office of thereby co- liability of limited lia	ited liability company is not organized the change or changes are made, the lather registered agent will be identical. Infirmed that the change(s) was/were company or as otherwise provided in tability company. Maure of a member or authorized representative of a mem	Florida street Or, in the cas authorized by he articles of	address of the registered office se of a Florida limited liability	e and the business company, it is
Maureen	Cathell, Authorized Person typed name of signee)	***************************************		
I hereby comply w am famili F.S. Or, confirm to	accept the appointment as registered ith the provisions of all statutes relations with and accept the obligations of if this document is being filed to mere that the limited liability company has be	agent and ag ve to the prop my position a ly reflect a ch been notified i	ree to act in this capacity. I fu per and complete performance s registered agent as provided hange in the registered office a in writing of this change.	rther agree to of my duties, and I for in Chapter 608 ddress, I hereby
By:	Such Wilder Service Corporation Service Corpor	ight		
(Signature o			arah Wright, Asst. Vice Presid	ent
	Division of Corporation	s, P.O. Box 6	327, Tallahassee, FL 32314	

FILING FEE: \$25.00