10000003756

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Address) | | |
| (Address) | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | . MAIL |
| (Bu | isiness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| ÷ | | |
| | | |
| , | | |

Office Use Only



000235678370

7917 IUN 28 PH 4: 34

FILED

12 JUN 28 AM 10: 06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 255473

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: June 26, 2012

ORDER TIME : 1:56 PM

ORDER NO. : 255473-088

CUSTOMER NO: 7736440

CHANGE OF AGENT

NAME: SQUADRON LEASING XI 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: SQUADRON LE | ASING XI LLC |
|---|--|
| 2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | y: 848 Brickell Avenue, Suite 500, Miami FL 33131 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 848 Brickell Avenue, Suite 500, Miami FL 33131 |
| | N 28 |
| 08/24/2010 | M10000003/56 91-1 ET |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of Sales of |
| Registered Agent: | CT Corporation System |
| Registered Office Address: | 1200 S. Pine Island Road Plantation FL 33324 |
| | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY</u> | |
| NEW Registered Agent: | Corporation Service Company |
| NEW Registered Office Address: | 1201 Hays Street |
| (MUST BE FLORIDA STREET ADDRESS) | Tallahassee ,FL 32301 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Attack | et address of the registered office and the business ase of a Florida limited liability company, it is |
| (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 pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change. |
| By: Sub Winght (Signature of Registered Agent) Corporation Service Company | |
| (Signature of Registered Agent) Corporation Service Company | Sarah Wright, Asst. Vice President |

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