MISODOOOSLO

(Ro	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	-
M16-100	DA
	Office Use Only



700281935337

02/10/16--01001--032 **30.00

SUFFICIENCY OF FILING

16 FEB -9 PM 1:52

2016 FEB -9 A 8: U

FEB 12 2016 BRUCE February 9, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9873535 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Secretary of State, Florida:

Please obtain the following:

Aviation Leasing Associates, LLC (DE) Misc - Foreign LLC Filing - Amendment

Florida

Aviation Leasing Associates, LLC (DE)

Certificate of Status-Foreign

Florida

s, LLC (DE)

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com (File 2mg)

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Aviation Leasing Associates, LLC				
Name of Foreign	Limited Li	ability Comp	any	
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) ar	e submitte	d for filing.		
Please return all correspondence concerning this	matter to th	e following:		
Arturo Ricondo				
Name of Person				
Greenberg Traurig, P.A.				
Pinn/Company	~~~			
333 SE 2nd Avenue				
Address			 }**c	e 23
Miami, Florida 33131				2016 FEB
City/State and Zip Code	······································	7. ****	7.7.7. 20.7.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	B - 9 A
ricondoa@gtluw.com			į́ri, į	
E-mail address: (to be used for future annual re	port notific	cation)	ORIDA	5 1 9 6 11 9
For further information concerning this matter, plant	case call:		<i>-</i>	
Arturo Ricondo	305 t:(579-7853		
Name of Person		de & Daytime	e Telephone Numb	er
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314	ŧ
Enclosed is a check for the following amount: \$\sum_\$ \$25 Filing Fee & S30 Filing Fee & Cortificate of Status CR2E055 (9/15)		ling Fee & ied Copy	S60 Filing For Certificate Of Certified Co	f Status &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Departm State: Aviation Leasing Associates, LLC	ent of
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Bater new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	2016 F
2. The Florida document number of this limited liability company is: M13000006860	
3. Jurisdiction of its organization: Delaware	TH A
4. Date authorized to do business in Florida: October 24, 2013	<u>0</u> 6.
SECTION II (5-9 complete only the applicable changes)	2
5. New name of the limited liability company: Colchester Aviation, LEC (must contain "Limited Liability Company,"	"L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business copy of the written consent of the managers or managing members adopting the alternate must contain "Limited Liability Company," "L.L.C." or "LLC.")	in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registered officer address on our records, enter registered agent and/or the new registered office address here:	the name of the new
Name of New Registered Agent:	
New Registered Office Address: Einter Florida Street	Address
, Flo	orlda
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I fur the provisions of all statutes relative to the proper and complete performance of my duties and accept the obligations of my position as registered agent as provided for in Chapter 6 document is being filed to merely reflect a change in the registered office address, I hereb liability company has been notified in writing of this change.	s, and I am familiar with 65, F.S. Or, if this

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:				
itle/ Capacity	Name	Address	Type of Action	
	onne del Matrie de la California de la Cal	•	Add	
			Remove	
		· · · · · · · · · · · · · · · · · · ·	Add	
		M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Remove	
			And FEB Acmove	
	andrologista (no. 1964) and an angel and an angel and a second and a s		A A S	
•		**************************************	Remove	
			Add	
aforementioned am	he law of which this entity is orga	y the official having custody of record	ds in the	

Filing Pee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AVIATION LEASING
ASSOCIATES, LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS
NAME TO "COLCHESTER AVIATION, LLC" ON THE NINETEENTH DAY OF
FEBRUARY, A.D. 2014, AT 6:45 O'CLOCK P.M.



Authentication: 201812062

Date: 02-10-16

5409680 8320 SR# 20160731036