

622490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600249406156

07/01/13--01056--020 \*\*35.00

13 JUL -1 AM 9:10

FILED  
SECRETARY OF STATE  
STATE OF GEORGIA

R b / chg  
(10) 7.9.13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fleet Lease Disposal, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 622496

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Laurie Conn  
Name of Contact Person

Fleet Lease Disposal, Inc  
Firm/Company

1515 N Congress Ave  
Address

Delray Beach, FL 33445  
City/State and Zip Code

laurie.conn@fldinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Conn at ( 561 ) 266-8704  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fleet Lease Disposal, Inc
2. The principal office address: 1515 N. Congress Ave  
Delray Beach, FL 33445
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/19/1979 Document number: 622496
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Laurie Conn  
272 SE 5th Ave  
Delray Beach, FL 33483

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Laurie Conn  
1515 N. Congress Ave  
P.O. Box NOT acceptable  
Delray Beach, FL 33445

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL -1 AM 9:10

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Laurie C  
Signature of an officer or director

Laurie Conn  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Laurie C  
Signature of Registered Agent

6/28/13  
Date

If signing on behalf of an entity:  
Laurie Conn  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*