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C8/C7/24

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 554749 7236625

AUTHORIZATION

COST LIMIT :

ORDER DATE : July 17, 2024

ORDER TIME : 3:27 PM

ORDER NO. : 554749-135

CUSTOMER NO: 7236625

CHANGE OF AGENT

NAME: ART LEASING LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

. STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.	Na	ame of the limited liability company: ART LEASING L	LC_								
2.	(a)	10 Glenlake Parkway NE South Tower Suite 600			(b) 10 Glenlake Parkway NE South Tower Suite 600						
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)		Mailing address (Note: MAY					
		Atlanta, GA 30328			Atlanta, C	SA 30328	_				
		03/15/2021		N	и2100000	2964	<u> </u>				
3.		Date of filing/registration in Florida	4.			Document n	umber				
5.	(a)	Registered Agent and Registered Office shown on the records of t	Dept. of State	- e:							
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)			-					
		PLANTATION FL_	33324			-		(a)			
,	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address:	Office address:		ress:	_	ALAHASSEE, I	-7 AH 9:1			
		1201 Hays Street					ATE	-			
		Tallahassee, FL	32301			_					
cha age was	nge nt w :/we	mited liability company is not organized under the law or changes are made, the Florida street address of the radial be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	register pility contains the contact the c	red om nite	office and pany, it is ed liability	the business hereby confi company or	office of the	f the re	egistered hange(s)		
/s/Nathan H. Harwell				Nathan H. Harwell, Authorized Person							
		ure of a member or authorized representative of a member				Printed or type		•			
pro the to n	visic oblij iere	y accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.	e to ac erform for in v ereby c	t ir ian Ch on,	i this capa ce of my d apter 605, firm that ti	icitv. I furthe luties, and I a F.S. Or, if t he limited lia	r agree t un famili his docu bility cor	o comj ar with nent is npany	ply with the and accept being filed has been		
Sign	natur	e of Registered Agent									

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