

M15000006125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

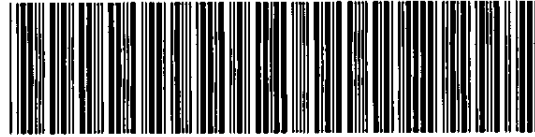
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
16 JUN 22 AM 10:28

RECEIVED
DEPARTMENT OF
16 JUN 22 PM 4:01

JUN 23 2016

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 185040 167868A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : June 17, 2016
ORDER TIME : 2:27 PM
ORDER NO. : 185040-050
CUSTOMER NO: 167868A

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FOREIGN FILINGS

NAME: CF EQUIPMENT LEASES, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CF Equipment Leases, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

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**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CF Equipment Leases, LLC

Enter new principal office address, if applicable: 600 South 4th Street

(Principal office address

MUST BE A STREET ADDRESS)

10th Floor

Minneapolis, MN 55415

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

600 South 4th Street

10th Floor, MAC: N9300-100

Minneapolis, MN 55415

2. The Florida document number of this limited liability company is: M15000006125

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/04/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

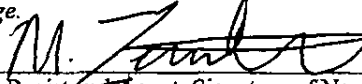
City

Florida 32301

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 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Melissa Zender

If Changing Registered Agent, Signature of New Registered Agent **Asst. Vice President**

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

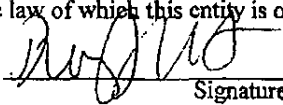
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Trevor Schauenberg	500 West Monroe, Chicago, IL 60661	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Manager	Jerry Blakey	333 Market St., 18th Floor, San Francisco, CA 94105	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	William Mayer	1 Boston Pl., 18th Floor, Boston, MA 02108	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Andrew Rupprecht	600 South 4th Street, 10th Floor, Minneapolis, MN 55415	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Secretary	Deanna J. Ernst	301 South College Street, 22nd Floor, Charlotte, NC 28202	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Deanna J. Ernst

Typed or printed name of signee

Filing Fee: \$25.00

RESOLUTION TO CHANGE PRINCIPAL OFFICE OR RESIDENT AGENT

The directors/stockholders/general partner/authorized person of _____

CF Equipment Leases, LLC

(Name of Entity)

organized under the laws of Delaware, passed the following resolution:
(State)

[CHECK APPLICABLE BOX(ES)]

☒ The principal office is changed from: (old address)

733 Marquette Avenue, Suite 700

Minneapolis, MN 55402

to: (new address)

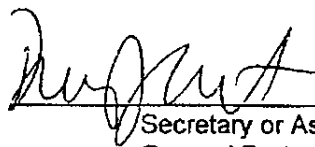
600 South 4th Street, 10th Floor

Minneapolis, MN 55415

☐ The name and address of the resident agent is changed from:

to:

I certify under penalties of perjury the foregoing is true.



Secretary or Assistant Secretary
General Partner
Authorized Person

I hereby consent to my designation in this document as resident agent for this entity.

SIGNED _____
Resident Agent

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ALL CHARGES FILED
16 JUN 22 AM 10:29