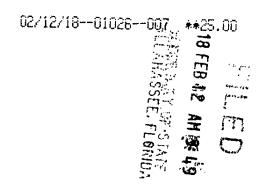
M16000002743

(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



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FEB 1 5 2018 Y SULKER

COVER LETTER

_	sion of Corporations		•	
SUBJECT:	Whitney Equipment	Finance,	LLC	
Sebale 1.		gn Limited Liabili	····	iny
Dear Sir or N	Madam:			
The enclosed	d application, certificate and fee(s)	are submitted for	r filing.	
Please return	all correspondence concerning th	is matter to the fo	llowing:	
Teresa	Z. Lygate			
	Name of Person		•	
Whitne	y Bank			
-	Firm/Company			
228 St.	Charles Avenue, Su	uite 626		
	Address			
New O	rleans, LA 70130			
	City/State and Zip Cod	e		
teresa.	lygate@hancockwhi	tnev.com		
	dress: (to be used for future annua		on)	
D. C.A. I		1 11		
	nformation concerning this matter,	-	586-3	2116
Telesa	Lygate Name of Person	_ u: (Telephone Number
	Thank of Colon	11100 00000	~ 54,	recopcione realization
Regi	EET/COURIER ADDRESS: stration Section		Registra	NG ADDRESS:
Clift	sion of Corporations on Building		P.O. Bo	n of Corporations x 6327
	Executive Center Circle shassee, Florida 32301		Tallahas	ssee, Florida 32314
Enclosed is :	a check for the following amoun g Fee \$\sum \$30 Filing Fee & Certificate of Status	t: \$55 Filing Certified	-	☐ \$60 Filing Fee, Certificate of Status

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

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Whitney Equipment Finance, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M1600002743
3. Jurisdiction of its organization: Louisiana
4. Date authorized to do business in Florida: March 31, 2016
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:
New Registered Office Address:
Enter Florida Street Address
, Florida City Zip Code
Naw Posistared Agent's Signature, if shanging Posistared Agent;

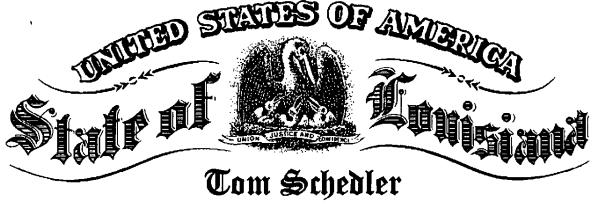
New Registered Agent's Signature, if changing Registered Agent:

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.

e/ Capacity Name	<u>Address</u>	Type of Action
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		Remov
		Remov
		Add
	 	Remo

Filing Fee: \$25.00

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

HANCOCK WHITNEY EQUIPMENT FINANCE, LLC

A limited liability company domiciled in NEW ORLEANS, LOUISIANA,

- Filed charter and qualified to do business in this State on August 17, 2015,
 - I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 31, 2018

Certificate ID: 10912807#83P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 41985091K