

Document Number Only

829524

C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

CORPORATION(S) NAME

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TALLAHASSEE, FLORIDA

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-09/28/00--01006--034  
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700003407207

United States Fleet Leasing, Inc.

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- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Limited Liability Partnership
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of California submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: United States Fleet Leasing, Inc.

2. The mailing address of the corporation is: 250 Carpenter Frwy, Irving, TX 75062

3. Date of incorporation/qualification: 02/15/73 Document number: 82

4. The name and address of the current registered agent and office:

Corporation Service Company  
1201 Hayes St., Suite 105  
Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

CT Corporation System  
1200 South Pine Island Rd  
Plantation, FL 33324

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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.

[Signature] 09/13/00  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Terri Atteberry, Asst Secretary 09/13/00  
(Printed or typed name and title) (Date)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

[Signature] 09/13/00  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
Michael E. Jones Asst. Secretary  
(Typed or Printed Name) (Capacity)

CR2E045(4/95)

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