## D1300000004

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,	(Requestors Marrie)
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## **CT CORP**

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Date:

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01/29/2024

En: DW

Acc#I20160000072

Name:	Lease Plan U.S.A. LT	
Document #:		 
Order #:	15335368 - 25	

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	Thank you!

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH ,FOR CORPORATIONS

1. The name of the corporation:  $\underline{\square}$  Lease Plan U.S.A. LT

2. The principal office address: 1165 SANCTUARY PKWY, ALPHARETTA, GA 30009

3. The mailing address (if different):

4. Date of incorporation/qualification: \_\_\_\_03/04/2013 \_\_\_\_ Document number: \_\_\_\_D1300000004

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)

CORPORATION SERVICE COMPANY		
1201 HAYS STREET	AN 2	
TALLAHASSEE, FL 32301		1
street address of the new registered agent (if changed) a	and for registered officer 0	

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

C T Corporation System

1200 South Pine Island Road

P.O. Box\_NOT acceptable

Plantation, Florida 33324

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.

aia loraec Signature of an officer or director

Kara Korosec, Asst. Secretary

Printed or typed name and title

Date

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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. C T Corporation System

01/19/2024

By:

Signature of Registered Agent

If signing on behalf of an entity:

SEAN L. EMERICK, ASSISTANT SECRETARY

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)