D16000000006

(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies		
Special Instructions to Filing Officer:		
		(7xh)

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2017

SAMANTHA FOSTER P. O. BOX 60577 FT. MYERS, FL 33906-6577

SUBJECT: TF LEASING CO. Ref. Number: D16000000006

DECEIVED MAR 0 3 2017

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

SINCE YOU ARE CHANGING THE OFFICERS/DIRECTORS OF A FOREIGN DECLARATION OF TRUST, PLEASE USE THE ATTACHED FOREIGN CORPORATION FORM TO CREATE THE APPROPRIATE FORM NEEDED TO CHANGE THE OFFICERS/DIRECTORS/TRUSTEES. YOU CAN MARK THROUGH THE WORD "CORPORATION" AND REPLACE IT WITH THE WORDS "DECLARATION OF TRUST".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 117A00003195

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OPTIVE CHREGIATIONS
TALL PHASSEL FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporatio	ns	
SUBJECT: TF Leasin	ig Co.	
SUBJECT:	Name of Corporation Declaration of Trust	
DOCUMENT NUMBER: D		
	Declaration of Trust eign Gorporation to Change/Add Officer(s) and/or Director(s) and fee are	
Please return all corresponden	ce concerning this matter to the following:	
Samatha Foster		
Name of Cont	act Person	
Allyn Internation	al Services, Inc	
Firm/Co		
PO Box 60577		
Addr	ess	
Fort Myers, FL 3	3906-6577	
City/State an	d Zip Code	
foster.s@allynint	tl.com	
	for future annual report notification)	
For further information concer	ning this matter, please call:	
Samantha Foste	r 239 \489-9900 ext. 1008	
Name of Contact Perso	n at (239)489-9900 ext. 1008 Area Code & Daytime Telephone Number	
Enclosed is a check made paya	ble to the Florida Department of State for the following amount:	
	\$3.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporation P.O. Box 6327	•	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Declaration of Trust

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification) Declaration of Trust

1. The name of the foreign derporation as it appears on the records of the Florida Department of State is: TF Leasing Co. 2. This entity was authorized to transact business in Florida on $\frac{01/19/2016}{1}$ and its Florida document number is D16000000006 Declaration of Trust
This corporation was formed under the laws of Delaware The name and address of each officer and/or director is as follows: Title: Name and Address TR = Trustee Transport Funding, LLC 8717 W 110th Street, Suite 700 Overland Park, KS 66210 P = President Scott Carr 8717 W 110th Street, Suite 700 Overland Park, KS 66210 CFO Matthew Riffel 8717 W 110th Street, Suite 700 Overland Park, KS 66210 D = Director Paul Offerman 8717 W 110th Street, Suite 700

(Attach additional pages if necessary)

officer or director

SOOH W. Carr

Typed or printed name of person signing

Title of person signing

Overland Park, KS 66210

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314