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(City/State/Zip/Phone #)

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2020 -2 PM 1:46

Amend/Declaration  
of Trust

OCT 05 2020  
I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TF Leasing Co.  
\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** D16000000006  
\_\_\_\_\_

Please return all correspondence concerning this matter to the following:

Shari L. Lipski  
\_\_\_\_\_  
Name of Contact Person

ECS Financial Services  
\_\_\_\_\_  
Firm/Company

P.O. Box 614  
\_\_\_\_\_  
Address

Northbrook, IL 60065  
\_\_\_\_\_  
City/State and Zip Code

TFLeasing@ECSFinancial.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shari L. Lipski at ( 847 ) 897-1711  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy (Additional<br>copy is enclosed) |
|--|--|---|--|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 OCT 14 AM 10:11

August 14, 2020

SHARI L. LIPSKI  
ECS FINANCIAL SERVICES  
P.O. BOX 614  
NORTHBROOK, IL 60065

SUBJECT: TF LEASING CO.  
Ref. Number: D16000000006

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

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 920A00015431

**PROFIT CORPORATION** *Declaration of Trust*  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

D16000000006

(Document number of corporation (if known))

1. TF Leasing Co

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 01/19/2016

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>Ashley Wilcox</u>	<u>8717 W 110<sup>th</sup> St, Ste 700</u>	<input checked="" type="checkbox"/> Add
		<u>Overland Park, KS 66210</u>	<input type="checkbox"/> Remove
<u>D=</u> <u>Director</u>	<u>Craig Simes</u>	<u>8717 W 110<sup>th</sup> St, Ste 700</u>	<input checked="" type="checkbox"/> Add
		<u>Overland Park, KS 66210</u>	<input type="checkbox"/> Remove
<u>CFO</u>	<u>Matt Riffel</u>	<u>8717 W. 110<sup>th</sup> St, Ste 700</u>	<input type="checkbox"/> Add
		<u>Overland Park, KS 66210</u>	<input checked="" type="checkbox"/> Remove
<u>D=</u> <u>Director</u>	<u>Paul Oefferman</u>	<u>8717 W 110<sup>th</sup> St, Ste 700</u>	<input type="checkbox"/> Add
		<u>Overland Park, KS 66210</u>	<input checked="" type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/> Add
		<u>                    </u>	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

<u>Scott W. Carr</u>	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
<u>Scott W. Carr</u>	<u>President</u>
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35.00