

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TF Leasing Co.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** D16000000006

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

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

TFLleasing@ECSFinancial.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shari L. Lipski

847 897-1711

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

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

☒ \$35.00 Filing Fee    ☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy (Additional  
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

**FILED**  
2023 NOV 16 AM 11:06  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO THE  
DECLARATION OF TRUST  
of**

TF LEASING CO

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(Name of the Declaration of Trust)

A FOREIGN (DELAWARE STATUTORY) TRUST  
(Florida or Foreign)

In accordance with Section 609 F.S., pertaining to Common Law Declarations of Trust, the undersigned Trustee(s) amends the following:

The new principal and mailing address is:

Principal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The name of the new registered agent and/or registered office:

Name of registered agent: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

\_\_\_\_\_, Florida \_\_\_\_\_

**FILED**  
2023 NOV 16 AM 11:06  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

2. Please list the name and address of each trustee:

<u>Name</u>	<u>Address</u>
GREGORY KALESCKY, PRESIDENT	8717 W 110TH ST, STE 700 OVERLAND PARK, KS 66210
ASHLEY CORREA, TREASURER	8717 W 110TH ST, STE 700 OVERLAND PARK, KS 66210
TODD WILLIAMS, SECRETARY	8717 W 110TH ST, STE 700 OVERLAND PARK, KS 66210

FILED

2023 NOV 16 AM 11:06

CLERK OF DISTRICT COURT  
HALLAMASSEE, FL

I hereby am familiar with and accept the designation of being the registered agent for the above listed Declaration of Trust.

If Changing the Registered Agent, Signature of New Registered Agent

  
Signature of Trustee

GREGORY KALESCKY, PRESIDENT

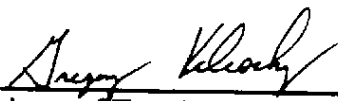
Typed or printed name of Trustee signing

**2. Please list the name and address of each trustee:**

<u>Name</u>	<u>Address</u>
JOHN STEINHILBER, VICE PRESIDENT	8717 W 110TH ST, STE 700
	OVERLAND PARK, KS 66210
CRAIG SIMES, DIRECTOR	8717 W 110TH ST, STE 700
	OVERLAND PARK, KS 66210

**I hereby am familiar with and accept the designation of being the registered agent for the above listed Declaration of Trust.**

**If Changing the Registered Agent, Signature of New Registered Agent**

  
**Signature of Trustee**

GREGORY KALESCKY, PRESIDENT

**Typed or printed name of Trustee signing**