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6/16/2021

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

· /From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107
Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future =: Cannual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE MAF LEASING

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

	· ·	609 <del>9502; 607.1508, or 617.1508</del> , Florida Statutes, a ganized under the laws of the State of Delaware	this		
		istered agent, or both, in the State of Florida.	<del></del>		
1. The name of	the corporation: MAF LEASING				
2. The principa	2. The principal office address: 14131 MIDWAY RD STE 900, ADDISON, TX 75001				
3. The mailing	address (if different):			_	
4. Date of incorporation/qualification: 06/16/2020 Document number: D2000000031					
	d street address of the current registere utment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)			
	CORPORATION SERVICE COMPAN	NY	<del>1</del>	_	
	1201 HAYS ST		ALLA ALLA	2021 JUN	
	TALLAHASSEE, FL 32301		HASS		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		SEE, FLO	16 AH S		
	Corporate Creations Network Inc.		<u> </u>	: 20	
	801 US Highway 1		, <b>1</b> ~		
	P.O.	Box NOT acceptable			
	North Palm Beach, FL 33408				
The street addr as changed wil	ess of its registered office and the stre I be identical.	eet address of the business office of its register	ed agent.		
Such change w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	)		
$\Delta$ -	_	Sean Arno, Attorney-in-Fact			
<del>-</del>	ire of an officer or director	Printed or typed name and little			
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent of to comply with the provisions of all st and I am familiar with and accept the of ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity, tatutes relative to the proper and complete per bligation of my position as registered agent. the registered office address, I hereby confirm ge.	formance Or, if this n that the		
7		6/16/2021			
Sig	mature of Registered Agent	Date	<del></del>		
If signing on be	chalf of an entity:				
Scan Amo, Spec	ial Secretary				
T	yped or Printed Name				