Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20 컨Ge : (85

: I20000000195 : (850)521-1000

iii Fas Number

(850)558~1575

ETARY OF STANASSEE. FL

Kalk

REGISTERED AGENT CHANGE

BUSH TRUCK LEASING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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12/21/2007

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

statement of cha	provisions of sections 607.0302, 617.0502, 607.1508, or 617.1508, Florida Stati inge is submitted for a corporation organized under the laws of the State of $\overline{\mathrm{Ob}}$ or to change its registered office or registered agent, or both, in the State of Flori	io		
1. The name of	the corporation: BUSH TRUCK LEASING, INC.			
2. The principal	office address:ake Place, Ste 450 11500 Northlake Drive, Cincinnati, OH 4	5249		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 11/04/2002 Document number: F0200000	05540		
	istreet address of the current registered agent and registered office on file with the timent of State:	ıe		
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324		97	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		DEC 2	
	Corporation Service Company		~	<u>m</u>
	1201 Hays Street (P.O. Box NOT accompile)	10 H	32	•
	Tallahassee, FL 32301	NA.	45	
The street address changed will	ess of its registered office and the street address of the business office of its registered.	gistered a	gent,	
	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.			
A flat france	To or a formation Robert Configuration and which	Ma,C	ED]	in Weasurer
I hereby accept I further agree t of my duties, an document is bei corporation has Corporat	the appointment as registered agent and agree to act in this capacity, or comply with the provisions of all statutes relative to the proper and complet of I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby concern notified in writing of this change. ion Scruice Company	e perform ens. Or, i infirm tha	nance if this it the	
Bv: / /_	Departer of Registered Agent) (Date)	/ 		
If signing on bel	half of an entity:			,
	l, Asst. Vice President yped or Printed Name)			,

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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