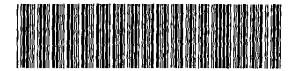
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| PICK-UP WAIT MAIL                        |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Lease Place Inc. (Name of corporation)   |
| DOCUMENT NUMBER: FØ30ØØ ØØØ 225   |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Philip Mc Manuara (Name of contact person)  |
| Lease Place, Inc.   |
| 5224 W. State Road 46, 4415 (Address)   |
| Sanford Fl. 32771 (City/state and zip code)   |
| For further information concerning this matter, please call:                                  |
| Philip Mc Name (at (407) 948-8765 (Area code & daytime telephone number)                      |

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delewer in order to change its registered office or registered agent, or both, in the State of Florida.  |
|---|
| 1. The name of the corporation: Lease Place, Inc.   |
| 2. The principal office address: 140 N. Oclando Ave. 4150-23  |
| Winter Park, FL 32789   |
| 3. The mailing address (if different): 5224 w. State Road 46 415  |
| Sanford, (-lorida 32771   |
| 4. Date of incorporation/qualification: 1-15-2003 Document number: F 03 0 90 00 \$ 225  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Jennifer Houlihan   |
| 140 N. Orlando Ave, 4, 150-30 70 3  |
| Winter Park, Fl. 32789 2 7  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Philip Mc Namara 355 75   |
| 5224 W. State Road 46, 441 Fri 5  |
| Sanford, Florida 32771  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.   |
| (Signature of an officer or director)  Philip Mc Namara, EEO (Printed or typed name and title)  |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| (Signature of Registered Agent) (Date)  |
| If signing on behalf of an entity:  |
| Philip Ule Namore   |

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