F060000007249

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6/18/18



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 234511 4342651

AUTHORIZATION C

COST LIMIT

ORDER DATE: June 8, 2012

ORDER TIME : 9:23 AM

ORDER NO. : 234511-051

CUSTOMER NO: 4342651

CHANGE OF AGENT

NAME: ALC LEASING LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Delaware ered agent, or both, in the State of Florida.
1. The name of	the corporation: ALC LEASING LTD	,, INC.
	office address:/ Street, Suite 3600, Fort Worth, TX	76102
	address (if different):icia A. Richeson, 801 Cherry Street,	Suite 3600, Fort Worth, TX 76102
4. Date of incor	poration/qualification: 11/17/2006	Document number: <u>F0600007249</u>
	d street address of the current registered a rtment of State;	gent and registered office on file with the
	CT Corporation System	ALCO T
	1200 South Pine Island Road	
	Plantation, FL 33324	SEE THE
6. The name and (if changed):	d street address of the new registered ager	at (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.
May	ure of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)
of my duties, an document is bei corporation has	id I am familiar with and accept the obli ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By:	on Service Company	06/13/2012
Si	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
	Dawson, Asst. Vice President Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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