Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090001548313)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

EQ EQUIPMENT LEASING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00
	7 7

Corporate Filing Menu

TROBERS JUL (0 1120) 6/30/2009

Electronic Filing Menu

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

statement of c	hange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Stat	te of Dolaware	
			d agent, or both, in the Stat	e oj rioriaa.	
	of the corporation: EQ EQU	,	i, INC.		
2. The princip	al office address: 5454 W	110TH ST.			
OVERLAN	ND PARK KS 66211				
3. The mailing	g address (if different):			 	
4. Date of ince	orporation/qualification:	01/29/2008	Document number:	F080000	
	and street address of the cupartment of State: (If resign		nt and registered office on f	ile with the	SECRETARY OF STATIONS SECRETARY OF CORPORATIONS O9 JUN 30 AM II: 33
	CORPORATION SERV	ICE COMPANY			三 報
	1201 HAYS STREET				O CANE
	TALLAHASSEE FL 32	301-2525			STA
6. The name a		w registered agent (if changed) and /or register	ed office	: 33
	C T Corporation System				
	c/o C T Corporation Sys	tem, 1200 South Pin	e Island Road		
		P.O. Box NOT as	oegrable .		
	Plantation, Florida 3332	4	· · · · · · · · · · · · · · · · · · ·		
The street add as changed w	dress of its registered offi- ill be identical.	se and the street ad	dress of the business offic	e of its registe	red agent,
Such change authorized by	was authorized by resolu- the board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or led in writing of the chang	by an officer age.	io
	BULY BURGET		KIMBERLY Minded or typedisin		
I hereby acce I further agre of my duties, document is t corporation h	pt the appointment as reg le to comply with the prov and I am familiar with ar peing filed merely to refle has been notified in writin	istered agent and t istons of all statute d accept the obliga ct a change in the t g of this change.	agree to act in this capacit is relative to the proper an ition of my position as reg egistered office address, I	ly. id complete pe istered agent. hereby confir ,	rformance Or, if this m that the
By:	Corporation System		6/24	109	
· · · · · · · · · · · · · · · · · · ·	Signature of Registered Agent	•	Delc		
If signing on	behalf of an entity:				
	Pronot, 3 (asholM				
· · · · · · · · · · · · · · · · · · ·	Types where the Rame Policy (

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

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