F08000003852

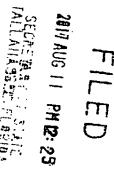
| (Re | questor's Name) | |
|---|------------------------|--------------|
| (Address) | | |
| (Address) | | |
| (Cir | ty/State/Zip/Phone | <i>= #</i>) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | isiness Entity Nan | ne) |
| | | |
| (Document Number) | | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Filing Officer: | | |
| | | İ |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500302284515

08/11/17--01020--014 **35.00



RA ROCHS

AUG 15 2017 I ALBRITTON

COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Lease All Inc. Name of Corporation | | | |
| DOCUMENT NUMBER: <u>F08000385</u> 2 | | | |
| 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: | | | |
| Caryl Moon Name of Contact Person | | | |
| Lease All Inc. Firm/Company | | | |
| P.O. Box 1148 Address | | | |
| Cullman, AL 35056 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Jeff McGriff at (250) 739-0780 Name of Contact Person 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 Street Address: Amendment Section Division of Corporations Clifton Building | | | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.6502, 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 Alabama in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: Lease All, Inc. |
| 2. The principal office address: <u>86 Walnut Street</u> |
| Cullman AL 35055 |
| 3. The mailing address (if different): P.O. Box 1148 |
| Cullman, AL 35056 |
| 4. Date of incorporation/qualification: 1/18/1988 Document number: FO80000 3852 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| CT Corporation System |
| 1200 S Pine Island Rd # 250 |
| Plantation, FL 33324 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| |
| 1183 Grand Pointe Dr. |
| P.O. Box NOT acceptable |
| OUT DIECZE FL Jajus |
| 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. |
| Jeff McGriff President 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: |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)

Typed or Printed Name