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ALLAHASSEE, FLORIDATION



CORPORATION SERVICE COMPANY. ACCOUNT NO. : 120000000195

REFERENCE : 645432

7809601

AUTHORIZATION

COST LIMIT :  $U_{\$}$ 35.00

ORDER DATE: January 19, 2011

ORDER TIME : 9:05 AM

ORDER NO. : 645432-020

CUSTOMER NO: 7809601

## CHANGE OF AGENT

NAME: HOLMAN LEASING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

	provisions of sections 607.0502, 617.050 tage is submitted for a corporation organ		·
	er to change its registered office or regist		
1. The name of	the corporation: HOLMAN LEASING	G, INC.	· · · · · · · · · · · · · · · · · · ·
2. The principal	office address:		
499 Old Ki	ings Highway, Maple Shade, NU 08		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/23/2010	Document number: F100000	03340
5. The name and	d street address of the current registered a rtment of State:		
	NRAI Services, Inc.		
	2731 Executive Park Dr., Suite 4		201 SF TAI
	Weston, FL 33331		TALLAHASS
6. The name and (if changed):	d street address of the new registered agen	nt (if changed) and /or registered offic	
	Corporation Service Company		M 1: OL
	1201 Hays Street		DE 7
	(P.O. Box NOT acceptable	)	
	Tallahassee, FL 32301	<u> </u>	
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 was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been no	d by its board of directors or by an outfied in writing of the change.	officer so
(Signate	ure of an officer or diffector)	Blanca Lozada, Attorney in Fa	
I hereby accept I further agree of my duties, an document is bei corporation ha	t the appointment as registered agent ar to comply with the provisions of all stat and I am familiar with and accept the obl ing filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity, utes relative to the proper and comp ligation of my position as registered ne registered office address, I hereby	plete performance agent. Or, if this y confirm that the
By: Se	on Service Company	01/10/2011	
) Je (Si	gnature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:	•	
Sylvia Quepp	et, 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 CR2E045 (8/05)

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