## F12000004565

(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT. Excel Leasing, Inc.

Name of Corporation

DOCUMENT NUMBER, F12000004565

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:

William A. Walker

Name of Contact Person

Nisen & Elliott, LLC

Firm/Company

200 W. Adams Street, Suite 2500

Address

Chicago, IL 60606

City/State and Zip Code

wwalker@nisen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William A. Walker

, 312

696-2503

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
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 607.0502, 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Excel Leasing, Inc.
2. The principal office address: 19150 S. 88th Ave.
Mokena, IL 60448
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/08/12 Document number: F12000004565
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)
Hubco Registered Agent Services, Inc.
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Incorp Services, Inc.
17888 67th Court North
P.O. Box NOT acceptable  Loxahatchee, FL 33470
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   West Care   West
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.
September 27, 2013 Date
If signing on behalf of an entity:

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