F500000047

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | Idress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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- SECRETARY OF STARE
- STARE FOR ORDA

MAY 0 5 2016

C. CARROTHERS



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 3, 2016

Order#: 105346-283

Re: MACQUARIE EQUIPMENT CAPITAL INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 ...

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

| statement of cha | nge is submitted for a corporation of | .0502, 607.1508, or 617.1508, Florida Statul rganized under the laws of the State of <mark>Delav</mark> egistered agent, or both, in the State of Floria | vare | | |
|---|--|--|----------------------------|--|--|
| 1. The name of t | he corporation: MACQUARIE EQUI | PMENT CAPITAL INC. | | | |
| 2. The principal | | | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | orporation/qualification: 01/05/2015 Document number: F15000000047 | | | | |
| | I street address of the current register tment of State: (If resigned, enter res | red agent and registered office on file with the signed) | е | | |
| | C T CORPORATION SYSTEM | | | | |
| | 1200 SOUTH PINE ISLAND ROAD |) | 2816 HAY | | |
| | PLANTATION | FL 33324 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | |
| | 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 str be identical. | reet address of the business office of its regi | stered agent, | | |
| Such change wa authorized by | as authorized by resolution duly ado board, or the corporation has been | pted by its board of directors or by an office in notified in writing of the change. | er so | | |
| > | Lie. & Court | Jill Cilmi, Vice President | Jill Cìlmi, Vice President | | |
| Signatu | Signature of an officer or director Printed or typed name and title | | | | |
| I further agree performance of agent. Or, if the hereby confirm | my duties, and I am familiar with a | statutes relative to the proper and complete nd accept the obligation of my position as r reflect a change in the registered office add | egistered | | |
| By: | Marine of Registered Agent | 04/21/2016 Date | | | |
| | half of an entity: | 2 | | | |
| Grace E. Kirbv. | Assistant Vice President | | | | |
| | yped or Printed Name | | | | |

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