## 468965

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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FILED

06 JUN-6 PH 3: 19

SECRETARY OF STATE



## **FILING REQUEST**

May 31, 2006

## FLORIDA DEPARTMENT OF STATE

Type of Filing: CHANGE OF AGENT

Subject(s): ABC BUS LEASING, INC.

Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s): NONE

Check Enclosed: YES - CHECK# 23011 FOR \$ 35.00

Return Via: REGULAR MAIL - SASE ATTACHED

Filing Method: ASAP

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

**Melissa Hobbs** 

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

| -   | isions of sections 607.<br>is submitted for a corp   |  |                       |  |                  |  |                              |               |
|---|--|--|-----------------------|--|------------------|--|------------------------------|---------------|
| in order to c                               | change its registered o  | office or register                                       | red agent, or b       | oth, in the State  | e of Flori       | da.  |                              |               |
| 1. The name of the corporation:             |  |  | ABC Bus Leasing, Inc. |  |                  |  |                              |               |
| 2. The principal offic                      | e address:   | 25 F   | ourth Street N        | W, Faribault, M  | IN 55021         | _  |                              |               |
| 3. The mailing address                      | ss (if different):   | 1506   | 30th Street N         | orthwest, Farib  | ault, MN         | 55021                                      |                              |               |
| 4. Date of incorporat                       | ion/qualification:   | 07/30/1985   | Documer               | it number:   |                  | H68965                                     |                              |               |
| 5. The name and stree Florida Department    | et address of the curre  | ent registered ago                                       | ent and registe       | ered office on fi  | le with th       | le<br>∑∑                                   | 9                            |               |
|   | C.   | T Corporation  | n System              |  |                  | .LAH                                       | JL 9                         |               |
| 1200 S. Pine                                |  |  | and Road              | ·  |                  | FIL<br>06 JUN -6<br>SLORETARY<br>NLLAHASSE |                              |               |
|   |  | Plantation, FL   | 33324                 |  |                  | <u> </u>                                   | P                            | П             |
| 6. The name and stree (if changed):         | et address of the new  | registered agent   | (if changed) a        | and /or registere  | ed office        | STATE                                      | <u>မှ</u><br>- 9             | C             |
|   |  | NRAI Servic  | es, Inc.              |  |                  |  |                              |               |
|   |  | xecutive Parl  | k Drive, Sui          | te 4   |                  |  |                              |               |
|   |  | ox NOT acceptable) Weston, FL                            | 22221                 |  |                  |  |                              |               |
|   |  | · · · · · · · · · · · · · · · · · · ·                    |                       | <del></del>  | <del></del>      |  |                              |               |
| The street address of as changed will be in | fits registered office dentical.   | and the street a   | ddress of the         | business office  | of its re        | gistered                                   | agent                        | ,             |
| Such change was au authorized by the bo     | thorized by resolutionard, or the corporation  | n duly adopted<br>on has been not                        | by its board o        | of directors or bg of the change   | oy an offi<br>e. | icer so                                    |                              |               |
| Males                                       | an officer or director)  |  |                       | obert F. Foley   |                  | er   |                              |               |
| <i>V</i> . 0                                | appointment as regist<br>imply with the provisi<br>in familiar with and d<br>led merely to reflect t | ions of all statu<br>accept the oblig<br>a change in the | agree to act          | in this capacity<br>the proper and<br>osition as regi<br>fice address, I | י<br>ע           | te perfoi<br>jent. Or<br>onfirm t          | rmanc<br>; if thi<br>hat the | re<br>is<br>e |
|   | ann av   |  |                       | 5-31-06  |                  |  |                              |               |
| (Signature)  If signing on behalf           | of Registered Agent) of an entity:   |  |                       | (Date)   |                  |  |                              |               |
| Sue Johnso                                  | on, Asst. Secretar   | y  |                       |  |                  |  |                              |               |
| (Typed o                                    | or Printed Name)   | ·  |                       |  |                  |  |                              |               |

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