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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| - 17 | | |
|------------|-----------|------|
| ⊬mai l | Address: | |
| LIN 22 T T | MMV1 CJJ. | |

LLC REGISTERED AGENT CHANGE MORSE EQUIPMENT LEASING, L.L.C.

| Certificate of Status | (1 |
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Help

T. LEMIEUX MAR 2 3 2023

From: Jennifer Carey

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

To:

By:

Page: 4 of 4

| statement of chan | ge is submitted for a corporation organi: | , 607-1508, or 617,1508, Florida Statues, wed under the laws of the State of <mark>FL</mark> wed agent, or both, in the State of Florida. | | | | |
|---|--|--|--------------------------|--|--|--|
| 1. The name of th | e corporation; MORSE EQUIPMENT LE | ASING, L.I. C | | | | |
| | ffice address: | . 33483 | | | | |
| | dress (if different): | | | | | |
| 4. Date of incorpo | oration/qualification: 07/02/2064 | Document number: 1.04000049720 | | | | |
| | street address of the current registered ag ment of State; (If resigned, enter resigned | | | | | |
| | MACINNES, DENNIS M. | | | | | |
| - | 2850 SOUTH FEDERAL HIGHWAY, DE | LRAY BEACH, FL 33483 | | | | |
| 6. The name and (if changed): | street address of the new registered agent | (if changed) and /or registered office | | | | |
| - | | | | | | |
| | 1200 South Pine Island Road | NOT acceptable | | | | |
| _ | Plantation, Florida 33324 | | | | | |
| The street address as changed will be | is of its registered office and the street a be identical. | ddress of the business office of its regist | ered agent, | | | |
| Such change was authorized by the | authorized by resolution duly adopted board, or the corporation has been not | by its board of directors or by an officer, ified in writing of the change. | 2023 H 15 | | | |
| /s/ Dennis | MacInnes | Dennis MacInnes - Secretary/Treasurer | - \tu_{\tu} | | | |
| I hereby accept to I further agree to of my duties, and document is being corporation has | (Law Jamiliar with and accept the oblig g filed merely to reflect a change in the been noified in writing of this change | Printed or typed frame and title I agree to act in this capacity tes relative to the proper and complete p gation of my position as registered agent registered office address. I hereby confi | erformance Or, if the | | | |
| C.T. Corporation: | | 3/21/2023 | 56 | | | |
| /s/ Agnes Jense Signi | nure of Fegistered Agent | Qate | | | | |
| If signing on beh | alf of an entity: | | | | | |
| Agnes Jensen, As | | | | | | |
| Typ | ped or Printed Name | | | | | |
| | * * * FILING FE | E: \$35.00 * * * | | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 cr2f045 (04/13)